MAINTENANCE WORK ORDER

Teacher _____ School _____

Date _____ Room/Building _____

Work Needed and Location of Work _____

_____

_____

_____

_____

_____

_____

Principal's Approval _____ Date _____

Work Done _____

_____

_____

_____

_____

_____

_____

Maint. Signature _____

Date Started _____

Date Completed _____

Total Hours to Completion _____

Vendor _____ PO# _____ Invoice # _____ Date _____

Invoice _____

Invoice _____

Material List

Quantity _____ Items _____ Amount _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

White Copy - County Office Yellow Copy - School Pink Copy - Maintenance Department