

**MAINTENANCE DEPARTMENT - WORK ORDER FORM**



**This section to be completed by person requesting work**

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PHONE

DESCRIPTION OF WORK NEEDED/PROBLEM

**This section to be completed by Housing/Maintenance**

DESCRIPTION OF WORK/INSPECTION

ASSOCIATED COSTS			
MATERIAL	QTY	COST/UNIT	TOTAL
STAFF MEMBER(S)	HRS	RATE + Fringe	TOTAL
<b>GRAND TOTAL</b>			

**NOTES:**

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**Map: (not drawn to scale)**

**DATE COMPLETED:** \_\_\_\_\_

**APPROVED COMPLETION**

\_\_\_\_\_  
HOUSING MANAGER SIGNATURE

\_\_\_\_\_  
SIGNATURE OF STAFF/MEMBER

**TO BE COMPLETED BY HOUSING:**

FUND NAME \_\_\_\_\_

**TO BE COMPLETED BY FINANCE:**

CODING \_\_\_\_\_