

Work Order #		Date:	
	Check one	Location/Equipment	
Facilities			
Vehicle			
Equipment			
		YES	No
Is equipment out of service?			
Person reporting problem:			

Describe problem, include all available information

For Facilities & Equipment

Estimated cost to repair/replace:		Bids/approval required?		
Materials: indicate if from stock or purchased specifically for job		Cost		
	Total materials			
Labor				
Date	Who did the work	Hours	Rate	Total
	Total labor:			

Equipment used:	Hours	Rate	Total

	Total equipment cost:	
Date completed:	Total cost:	