

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:
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