

FIRST UNITED METHODIST CHURCH MAINTENANCE WORK ORDER REQUEST FORM

DATE: _____

NAME OF PERSON REQUESTING WORK: _____

PHONE NUMBER: _____

LOCATION OF WORK: _____

DESCRIPTION OF WORK: _____

REQUESTED DATE OF COMPLETION: _____

SUPERIOR OR MINISTRY LEADER'S INITIALS: _____

FOR FACILITIES/MAINTENANCE DEPARTMENTS USE ONLY

TIME/DATE WORK STARTED: _____

TIME/DATE WORK COMPLETED: _____

CORRECTIVE ACTIONS TAKEN: _____

PARTS REQUIRED: _____

COST OF REPAIRS (PARTS AND LABOR): _____

TRUSTEE SIGN OFF ON WORK ORDER: _____

DATE: _____