

**EQUIPMENT / BUILDING / GROUNDS  
WORK ORDER**

Classification: Urgent  Routine

Date \_\_\_\_\_ Requested By \_\_\_\_\_ Program \_\_\_\_\_

Location \_\_\_\_\_

Description of Repair / Service Needed

\_\_\_\_\_  
\_\_\_\_\_

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Vender / Supplier Contacted \_\_\_\_\_

Date of Contact \_\_\_\_\_ By Whom \_\_\_\_\_

Approved By \_\_\_\_\_

Estimated Cost \_\_\_\_\_

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Completion Date \_\_\_\_\_ Completed By \_\_\_\_\_

Verified By \_\_\_\_\_

Invoice Attached  Invoice to be Mailed  No Charge

**Budget Category**

**Grant / Program**

**Expense Category**

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