

**EQUIPMENT / BUILDING / GROUNDS
WORK ORDER**

Classification: Urgent Routine

Date _____ Requested By _____ Program _____

Location _____

Description of Repair / Service Needed

Vender / Supplier Contacted _____

Date of Contact _____ By Whom _____

Approved By _____

Estimated Cost _____

Completion Date _____ Completed By _____

Verified By _____

Invoice Attached Invoice to be Mailed No Charge

Budget Category

Grant / Program

Expense Category
