Capital and Housing Work Order Request Form

*** Submitted requests will be reviewed and completed in order of urgency and community needs***

For inspection, maintenance, repair, transportation and delivery requests

Client/Worksite Details	
Client Name:	**Client Phone Number:**
Client Address:	**Client Email:**
Date Submitted :	**Issued By :**
AUTHORIZATION (Requesting Department Director / Manager)	**Date:**
Order Details	**Finance Code:** **PO #**

Description of Work Required: (please include any photos, additional information , and as many details as possible)

Other Work Required (if needed):

OFFICE USE ONLY :

Completion Information - Maintenance to fill out once completed

Date Completed:	**Total Billing Time:**
	Total Equipment Time :
	Total Material cost:
	Equipment unit # M_____& Hours_____ Used for the W/O

Additional Comments:

Completed by:	**Supervisor Signature:**