

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 MAINTENANCE WORK REQUEST
 (SUBMIT THIS FORM TO THE FRONT OFFICE)

Date: _____

Person submitting work order: _____

Bldg/Room #: _____

WORK TO BE DONE

PRINCIPAL'S SIGNATURE _____

Date: _____

FOR MAINTENANCE/OFFICE USE ONLY

DESCRIPTION OF WORK COMPLETED FOR REPAIRS

<u>DEPT.</u>	<u>SUPV. INT.</u>
GEN. MAINT.	_____
CARPENTRY	_____
ELECTRICIAN	_____
HVAC	_____
PLUMBING	_____
GROUNDS	_____

HOURS OF LABOR REQUIRED

DATE	NAMES	HOURS	TOTAL
	TOTAL LABOR		

COST OF MATERIALS	AMOUNT
TOTAL MATERIAL	

WORK COMPLETED BY _____

DATE _____

DATE _____

SIGNATGURE OF APPROVED WORK COMPLETED