

ST. FRANCIS INDIAN SCHOOL

Maintenance Work Order

DATE: _____

WHEN FORM IS COMPLETE RETURN TO
JUNIOR ACCT/FA-ADMINISTRATION BLDG

REQUESTED BY: _____

HOUSE NO: _____

BUILDING NAME: _____

ADMINISTRATORS SIGNATURE: _____

PROBLEM.: (Check all that apply)

Plumbing: _____

Roof: _____

Floor: _____

Electrical: _____

Steps: _____

Stove: _____

Windows: _____

Heating: _____

Refrigerator: _____

Carpet: _____

A/C: _____

Cabinets: _____

Other: _____

Describe problem: (Details of location, type, size, etc.) _____

Work performed: _____

Material needed/used: _____

What/who caused problem: _____

Total cost of repairs: _____

RECEIVED BY: _____

Date: _____

Major/Minor: _____

Work completed by: _____

Date: _____

Supervisors Signature: _____

Date: _____