

# WORK ORDER

## PLEASE COMPLETE ALL INFORMATION

### NAME OF MAINTENANCE PERSON

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<input type="checkbox"/> CHURCH	<input type="checkbox"/> SOCIAL HALL	<input type="checkbox"/> COURTYARD	<input type="checkbox"/> POWER ROOM
<input type="checkbox"/> RECTORY	<input type="checkbox"/> CM CENTER	<input type="checkbox"/> YOUTH ROOM	<input type="checkbox"/> SACRISTY
<input type="checkbox"/> PARISH OFFICE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> S.H. KITCHEN	<input type="checkbox"/> GARBAGE
<input type="checkbox"/> PARISH LIFE CENTER	<input type="checkbox"/> CHAPEL	<input type="checkbox"/> GIFT SHOP	<input type="checkbox"/> RISO ROOM
<input type="checkbox"/> N. GROUNDS	<input type="checkbox"/> E. GROUNDS	<input type="checkbox"/> S. GROUNDS	<input type="checkbox"/> W. GROUNDS
<input type="checkbox"/> VESTRY	<input type="checkbox"/> 64 STREET SIGN	<input type="checkbox"/> OTHER	

Please check if you need a microphone.

Please check if you need a TV/VCR.

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\_\_\_\_\_  
COMPLETION DATE & TIME

\_\_\_\_\_  
SIGNATURE/ORGANIZATION

\_\_\_\_\_  
TODAY'S DATE

PLEASE BREAK DOWN BY: \_\_\_\_\_  
DATE

COMPLETION CANNOT BE MET FOR THE FOLLOWING REASONS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
RECOMMENDED COMPLETION DATE

\_\_\_\_\_  
BY (SIGNATURE)

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
DATE COMPLETED

\_\_\_\_\_  
BY (SIGNATURE)

\_\_\_\_\_  
ACCEPTED BY