

Stockbridge-Munsee Community

Band of Mohican Indians

Property & Equipment Department

Work Order

Print Name: _____ Department: _____ Date: ____-____-____

I have \$ _____ budgeted for requested work under account # _____.

I believe the work requested is a covered expense (user fees). Note: If it is not a covered expense, I will be notified immediately.

Work Requested

Heating/Air Conditioning ₁

Electrical ₂

Plumbing ₃

Structural/ Building ₄

Grounds Work ₅

Furniture/Furnishings ₆

Other ₇

Fleet Vehicle ₈

Brief Explanation of Problem: _____

Department Manager's Signature

Date

Facilities Maintenance Manager Signature

Date

When you have completed the work order form, send to Roberta or Les via Interoffice mail, email or by faxing to (715)793-4878

----- P&E Office Use Only -----

Date Assigned: ____ - ____ - ____

Assigned to: _____

Date Completed: ____ - ____ - ____

Completed by: _____

Total Hours: _____ X _____ (# of employ.)

Total Parts/ Materials: \$ _____ (attach receipts)

Notes: _____

Inspected/ Verified by: _____ **Date:** ____ - ____ - ____ **Total Cost:** \$ _____