

Stockbridge-Munsee Community

Fleet Department

Work Order Form

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

Work Requested

Fleet Repair Oil Change Tires Other

Brief Explanation of Problem: _____

Department Manager's Signature

Date

Fleet Mechanic Signature

Date

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

----- **Fleet Office Use Only** -----

Date Assigned: ____-____-____

Assigned to: _____

Date Completed: ____-____-____

Completed by: _____

Notes: _____

