

COFFEEVILLE SCHOOL DISTRICT

MAINTENANCE WORK ORDER

(Do not complete this form for any technology purposes.)

CES CHS GYM BUS SHOP CENTRAL OFFICE STADIUM

Date: _____

Requested by: _____ Room #: _____

Required completion by: _____

Description and location of job: _____

Materials which may be needed: _____

Comments (if any): _____

Principal's Signature _____

For Office Use Only

Date of expected completion: _____ Initialed by: _____

Work order No: _____ Date Received: _____

Date given to maintenance: _____

Materials Purchased: _____

Date of Completion _____ Maintenance Supervisor's Signature: _____