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# WORK ORDER FORM

*Dexter United Methodist Church*

**DATE**: _____ **Requested date of completion** *(optional)*: _____

**Requested by**: _____ **Phone:** _____

**DESCRIPTION OF REQUEST *(please include location)***:

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*Assigned To*: _____ *Work Order Number*: _____

***Start Date***: _____ ***Completion Date***: _____

*Action Taken*: _____

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***QUOTATIONS REQUIRED***: ☐ *YES* ☐ *NO* *IF YES, REQUESTED DATE:* _____

***PLEASE ATTACH QUOTES RECEIVED***

*WORKED PERFOMRED BY:* _____

*ESTIMATED DATE OF COMPLETION:* _____ *DATE WORK COMPLETED:* _____

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*Preventive Actions/Comments:*

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PLEASE USE SPACE BELOW FOR ADDITONAL INFORMATION – anything that would help us avoid problems in the future or would help us next time around.

_____

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