

LSJ WORK ORDER

Maintenance & Landscaping

Requested By: _____ Requested Date: _____

Department: _____ Supervisor: _____

Location: _____ Room: _____ Occupied: Yes - No

Complaint/Description:

Materials used:

Total Laborers: _____ Total Hours: _____ Total Material: _____

---Please attach all receipts---

Repaired By: _____ Completion Date: _____

OFFICE USE ONLY:

Work completed: Yes - No	Ready for Principle or Guest: Yes - No
Signature (Manager or Assistant Manager):	Date: