

Benavides Independent School District
Work Order Request

Circle Location

Central Office Cafeteria Business Office Elementary
Outside Area Secondary Transportation Other:_____

Person Filling Work Order:_____

Date Requested:_____

Campus Administrator Approval:_____

Issue:

Carpentry Custodial Electrical Plumbing Pest Control
Paining Key/Lock Heating Air Conditioning Grounds
Health/Safety Heavy Moving Other

Description of Issue or Request:

What has been done by campus/department maintenance before referral to the district maintenance office?

For Maintenance Dept.

Date Received in Office: _____ Work order# _____

Work Order Approved By:_____

Wait until (Date):_____

Call outside for repair:_____ Is follow- up needed?_____

Delayed due to (Reason):_____

Estimated Cost:_____

Date Completed: _____ By: _____

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