

Greene County Schools School Maintenance Work Order

School:	Date:
Requested By:	

Room Number, Building or Location:

Description of Repairs or Work Needed:

APPROVED BY: (Signature of Principal or Assistant Principal)
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Materials/Supplies Required	Costs	Assigned To:
		Date Assigned:
		Assigned By:
		Vandalism: Yes ___ No _____
		Date Work Completed:
		Man Hours Required:
TOTAL COSTS		Work Order Reference Number: