Work Order

Santa Maria Joint Union HSD

WO #: **Job #:** **Entered:** **Status:** R Request

Requester: **Phone:** **Extension:**

Requested Completion Date: **Requested Priority:**

Site Name: **Location:**

Equipment #:

Scheduled Start: **Craft:**

Date Due: **Supervisor:**

Priority: **Assigned to:**

Estimated Material: **Crew Size:** ☐ **Multi Craft**

Estimated Hours: **Class of Work:**

Description:

Notes:

Task:

Budget Code:

Employee Name	Date	Hours	Equipment	Date	Hours

Item Number	Description	Quantity	Price	Amount

Site Administrator Sign Work Complete	Completed Work Inspected/Approved By	Date Complete