

**WORK ORDER FORM**  
**BUILDINGS & GROUNDS DEPT. YORK COLLEGE**

*Please fill in spaces below down to triple line - leave no blanks.*  
*Type in all information*

DEPT. \_\_\_\_\_ DEPT. TEL. NO. \_\_\_\_\_

BIDD. \_\_\_\_\_ ROOM NO. \_\_\_\_\_

Work to be done in: \_\_\_\_\_ 4-DAY NOTICE ON CHAIR SET-UPS

BIDD. \_\_\_\_\_ ROOM NO. \_\_\_\_\_

State work, services or repairs to be done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Chairman's Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Chairman's Name Typed \_\_\_\_\_

*Keep bottom copy - forward others to B. & G. Please do not write in spaces below.*

WORK DONE BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ HRS.: \_\_\_\_\_

Material used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

CHECK ONE:

COMPLETED

NOT COMPLETED