

FACILITY MAINTENANCE WORK ORDER

(no computer-related requests)

Date:	
Requesto	ed by:
Room: _	
Description of Needs:	
Perceived priority (1= not essential, 5= safety hazard / work tasks can't be completed until repaired) Priority (circle one) 1 2 3 4 5	
	FOR FACILITY OFFICE USE ONLY
	Program to be Charged:
	Estimated Cost Amount:
	Work Completed By: Date:

Return completed form to WUMC Administrative Office (Trustees mailbox) or email a digital copy to Russ Henke at rushenke4@gmail.com.