

Purchase Required: Yes No PO# _____ Approved by: _____

WORK ORDER

ALEXANDER COUNTY GOVERNMENT
621 Liledoun Rd., Taylorsville, NC 28681
Fax: 632-0059

Date: _____ **Department:** _____

To: Buildings Maintenance: Grounds: Janitorial: Stock Supplies:

Description of Work:

Work Authorized By: _____ **Expenditure Authorized By:** _____

Below for Office Use Only

Work Completed By: _____ **Completion Approved By:** _____

Date Project began: _____ **& Completed:** _____

Action Taken To Correct: _____

Maintenance Dept.: Please record the time you began & stopped each day on this repair.

Comments: _____

Total Cost of Repair:\$ _____ **Total Time Spent by Maintenance on Repair:** _____