

TALLADEGA COLLEGE
FACILITIES MANAGEMENT
WORK ORDERS

Contact /Service Information

Name of Requestor Telephone Number

Building/Room

Date of Order Date Needed

Type of Service: Repair Delivery Janitorial Other

Detailed Description of Service Requested:

OFFICE USE ONLY

Assigned To _____ Received Date _____ Received Time _____

Contractor Needed: YES NO Contractor Name _____

Materials Used and Cost: _____

Did you complete this work order? YES NO

Reason for Incomplete _____

Complete Date _____ Complete Time _____
Signature of Worker _____ Date _____
Director of Facilities Signature _____ Date _____