Grace UMC Facilities Work Order Form

Today's Date:	
Need Date:	
Contact Name:	
Phone:	

Location: ☐Sanct ☐F Hall ☐E&A ☐Scout ☐Grounds Other:
Room/Area:

Description of Issue/Support Needed:
Criticality: ☐ 1 Safety/Security ☐2 Failure/Damage ☐3 Routine

Work Notes: ☐ PM? ☐ PM DB Logged ☐ Summary Work Log
Contracted? ☐Yes ☐ No est cost: $ _____ Staff hr cost:_____ Total hrs: _____ Staff: _____ Date closed: _____

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5/23