

FORM 3-3 Work Order

[company logo, name, and address]

No. _____

| | |
|-----------------------------------|----------------------------------|
| Property (name and address) | Apt. No. _____ Location _____ |
| Service Requested by Telephone | Date: _____ Time: _____ |

Permission to Enter: Anytime By appointment only, with _____
 Date: _____ Time: _____ Telephone: _____

| | |
|----------------------|------------------------------------------------------|
| Maintenance Required | Type Service (2) _____ Resident Initial _____ |
|----------------------|------------------------------------------------------|

FOR OFFICE USE ONLY

| | |
|------------------------------------------------------------------|--------------------------|
| Maintenance Performed | Priority Code (1, _____ |
| Materials Used | DO. No(s). _____ |
| <input type="checkbox"/> Completed work: Date: _____ Time: _____ | New Work Order No. _____ |
| <input type="checkbox"/> Unable to complete work, explain: | |

Notes:

| | |
|-------------------|----------|
| Total hours: | |
| Cost of labor | \$ _____ |
| Cost of materials | \$ _____ |
| Total | \$ _____ |

| | |
|------------------------|------------------|
| Accounting: | |
| Bill to _____ | Accounting _____ |
| Accounting codes _____ | Amounts \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

- (1) Priority code: 1—emergency; 2—rush; 3—routine; 4—custodial;
5—preventive
 (2) Type service: Optional

| | By | Date |
|------------|-------|-------|
| Prepared | _____ | _____ |
| Authorized | _____ | _____ |
| Performed | _____ | _____ |
| Performed | _____ | _____ |
| Approved | _____ | _____ |
| Reviewed | _____ | _____ |