

Work Order Number:



REPAIR AND MAINTENANCE WORK ORDER

(Please Check the Appropriate Section)

- Residential Services**
- Detention Services**
- Probation/Community Corrections**

DATE OF REQUEST: _____

PERSON SUBMITTING REQUEST: _____ (NAME) _____ (PHONE)

PROGRAM: _____

ADDRESS OF PROGRAM: _____

(CITY) (COUNTY) (ZIP CODE)

PROGRAM CONTACT AND PHONE NUMBER _____

CONTRACT MANAGER AND PHONE NUMBER _____

Major Maintenance Fund Yes No

If yes, insert current balance _____

GENERAL SERVICES LIAISON _____ (NAME) (PHONE)

PROGRAM AREA OR ITEM NEEDING REPAIR: _____

DESCRIPTION OF PROBLEM: _____

RECOMMENDED REPAIR OR CORRECTION: _____

PROPOSED AMOUNT OF REPAIRS: _____
(Attach quotes as required by State Purchasing Manual)

Office	Date Received	Date Submitted	Signature
Regional Director			
Assistant Secretary			
Identify Funding Source:			
Facility Services			

CC: **Residential Services Administrator** (Upon signature by Regional Director)
General Services Liaison (Upon signature by Regional Director)

Work Order Number:

DEPARTMENT OF JUVENILE JUSTICE/FACILITY SERVICES USE

DATE: _____

FUNDING AMOUNT REQUIRED: _____

EVALUATION/RECOMMENDATION:

cc: RSA General Services Liaison

Note: When funding is approved for the work order projects, Facility Services will notify the appropriate parties.