



R7M-1-01

Maintenance/Service Work Order
Louisiana Technical College Region 7

Campus: _____

Complete top section only:	
Requested by:	Date:
Department:	Room No.:
Services Requested:	Equipment:
	Model No.:
	Serial No.:
Emergency: YES <input type="checkbox"/> NO <input type="checkbox"/>	

For Administrative Use Only:

Project Assigned to: _____ **Administrative Signature/Date:** _____

Service performed (Continued on back if necessary)

See Back

Time Started:		Time Completed:	Date completed:	
Quantity	Part No.	Part Description		Cost

Campus Dean/Assistant Dean's Signature/Date

Signature of Faculty/Staff Completed Work/Date