



Technology and Computer Services Work Order

PERSON REPORTING JOB: _____

DATE REPORTED _____

PHONE NUMBER _____

Buildings & Room#	Date/Time Started	Date/Time Completed

ITEM#	DESCRIPTION OF JOB TO BE DONE
1	
2	
3	
4	
5	
6	
7	

MATERIALS NEEDED OR USED ON JOB:

To be completed by Technology and Computer Services personnel only.

Please list the computer's S/N # & CCC's Barcode #'s that work was completed or not completed. be specific.

Technican	TOTAL TIME ON JOB							

**WORK COMPLETED SATISFACTORILY
APPROVED BY:**

DATE _____