Building/Facilities Maintenance Request/Report

	Location:		Date
	Description:		
Request/Report			
Requ	Life Safety (Y/N)	Seek Assistance/Guidance	
	Time Sensitive (Y/N)	Date Requested By:	
	Report by:	Phone:	
	Authorization to Expense Department:	Department Head Signature (Not Req'd for emergency or safety)	
	Comments:		-
ction			_
Building Maintenance Action	Scheduled (Y/N) Date :		
g Maint	Completed: Initials: _	Dept Head:	
3uildin	Costs: Direct Labor: Hours:	Materials: \$	
	Contractor:	Amount:\$	
	Attachments: (Y/N):	Total: \$	