

Bois Forte Reservation Housing Department

## Work Order Form

Work Order #: WO-0013867    Type: a

RECEIVED:	Date and Time	Taken By	Emergency	Priority	Permission to Enter
			Yes / No		

Smoke Detector Status:     Passed     Failed                      Housekeeping Status:     Good     Average     Poor

**Work Order Description:**

Tenant-Unit or Area

P-Prj-Unit-Sq  
LR-940-0053  
Low Rent

Phone Numbers

Home

Work:

Cell:

Assigned To	Date & Time Assigned	Date & Time Started	Date & Time Completed	Total Hours

Remarks:

Labor: Doneby / Date	Hours	Rate	Total Cost	Tenant Cost	Doneby / Date	Hours	Rate	Total Cost	Tenant Cost

Materials: Description	Quantity	Unit Cost	Total Cost	Tenant Cost	Description	Quantity	Unit Cost	Total Cost	Tenant Cost

Mileage: Description	Start	End	Total Cost	Tenant Cost	Description	Start	End	Total Cost	Tenant Cost

Contractor: Contractor	Total Cost	Tenant Cost	Contractor	Total Cost	Tenant Cost

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date: \_\_\_\_\_