MUST BE SIGNED BY THE GML DIRECTOR

ELECTRONIC WORK ORDER

REQUESTER_____ PHONE #_____

DEPARTMENT _____ LOCATION _____

ITEM TO BE REPAIRED:

MODEL #, ID#, C OF C#:

PROBLEM DESCRIPTION:

IS ITEM CURRENTLY IN USE ?   YES   NO

****

OFFICIAL USE ONLY

_____

_____

_____

_____

_____

DATE REPAIRS COMPLETED : _____ / _____ / _____

DATE ITEM RETURNED :_____ / _____ / _____

RECEIVED BY :_____ / _____ / _____

GML DIRECTOR'S SIGNATURE _____