

YORKTOWN INDEPENDENT SCHOOL DISTRICT

MAINTENANCE REQUISITION

SCHOOL _____ DATE _____

WORK REQUESTED _____

LOCATION _____

DESCRIPTION OF WORK REQUESTED

MAKE ONLY ONE WORK REQUEST ON EACH FORM. DESCRIBE COMPLETELY THE WORK REQUESTED. IF YOU HAVE ANY SUGGESTIONS REGARDING MATERIALS, COLOR, etc. INCLUDE THIS IN YOUR DESCRIPTION OF THE WORK REQUESTED.

Requested by: _____

Principal's Approval _____

Date Completed/Approved By: _____

Maintenance Supervisor's Approval _____