

LUNENBURG COUNTY PUBLIC SCHOOLS Technology and Computer Services Work Order

Person Reporting Job: _____ Date Reported: _____
 Phone Number: _____ School: _____

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

Item#	DESCRIPTION OF JOB TO BE DONE
1.	
2.	
3.	
4.	
5	

MATERIALS NEEDED OR USED ON JOB: To be completed by Technology and Computer Services personnel only.

Please list the computer's S/N and barcode number that work was completed or not completed-be specific.

Assigned to (technician) _____ **on** _____ **(date)**

Assigned by _____

Technician	TOTAL TIME ON JOB				

WORK COMPLETED SATISFACTORILY
 APPROVED BY

_____ Date _____