



THE CENTER FOR
Manifestation

Facilities Ministry

WORK ORDER MAINTENANCE REQUEST FORM

Request priority type: Urgent Normal

Facility/Location: _____

Nature of work required:

Requested by: _____

Department: _____

Contact Phone: _____ Email: _____

Signature: _____ Date: _____

Request received by: _____

Signature: _____

Work assigned to: _____ on date: _____

Completed on: _____ Signature: _____

Comments: _____

Approved by: (Name) _____ Signature: _____

*****IN ORDER TO VERIFY THAT YOUR WORK ORDERS ARE COMPLETED, PLEASE TURN THEM INTO EITHER:
BROTHER MARSHALL, PASTOR BOLES, MINISTER WELCH, DEACON ANDERSON ONLY.**