|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location - | **Aneth Comm.** | Bldg. No.: |  | Work Ticket - | **NEW** |
| Inventory Type - |  |  |  | Status - |  |
| Room Number/Use - |  |  |  | Priority - |  |
|  |  |  |  | Date Requested - |  |
|  |  |  |  |  |  |
| Requestor Name |  | Phone | (435)651-3271 |
| Requestor’s Supervisor | Mrs. Brenda Whitehorse | Work Type |   |
| Maintenance Code |  |
| Accounting Cost Code |  |
| Estimated |  | Scheduled Start Date |  | Actual Start Date |  |
| Hours |  | Scheduled Completion Date |  | Actual Completion Date |  |

Description of Work Requested

Work Completed (if different from work requested):

|  |
| --- |
| Worker time allocated to the task (to date) |
| Name |  Date | Day | Labor Hrs. | Labor O/T | Travel Hrs. | Premium Hrs. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Craftsmen:Name(s) | Hours Type | SUN | MON | TUE | WED | THU | FRI | SAT | SUN | MON | TUE | WED | THU | FRI | SAT |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Materials/Supplies Description Quantity Unit of Measure Extended Cost

Equipment Description Extended Cost

Contractor Contractors Description Contractor Cost

Labor & Travel Hours Cost Costs (To Date)

Regular Hours Hrs. 0 Materials/Supplies $

Overtime Hours Equipment $

Premium Hours Contractor $

Travel Hours Labor $

 Travel $

 Work Ticket Total 00.00