

Work Order Request Form

Today's Date: _____

Your Name: _____

Department: _____

Contact Info: _____

(How can we notify you once your request is complete?)

ANNOUNCEMENT REQUEST:

(Please write legibly. use complete sentences with a date, time, and place when necessary. Announcements can be no longer than 4 sentences.)

REQUEST FOR STAMPS:

(Money must be in your treasury before the Administration Office can purchase the stamps.)

Number of Stamps

Signature Authorizing Deduction from Treasury

REQUEST FOR COPIES:

(Department access code will be used to print/copy. Charges will be applied on a monthly basis.)

Number of Copies

Signature Authorizing Deduction from Treasury

Black & White (.03 cents per side) Color (.18 cents per side) 1 Sided Copies 2 Sided Copies

DATE REQUEST:

(Please use when requesting to have class, rehearsal, meeting at CFA not already listed on the Calendar.)

Date & Time: _____

Room Requested: _____

Date & Time: _____

Room Requested: _____

Date & Time: _____

Room Requested: _____

DATE CANCELLATION:

(Please use if no longer needing date listed on the church calendar.)

Date & Time: _____

Date & Time: _____

OTHER REQUESTS:

Department of Administration Use

Staff Member: _____

Date Received: _____ Date Completed: _____ Date Returned: _____