ST. PAUL MISSIONARY BAPTIST CHURCH
WORK ORDER FORM

SUBMITTED BY: _____

CONTACT NUMBER: _____

DETAILED INFORMATION OF WORK TO BE PERFORMED:

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APPROVED BY: _____

ASSIGNED TO: _____

ESTIMATED COST OF REPAIR: _____

VOUHER FOR EXPENSE SUBMITTED BY/DATE: _____

DATE COMPLETED: _____

COMENTS: _____

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