

Kluane First Nation Work Order Form

Housing

Date	
House #	
Tenant Name	
Request/Explain Problem:	

(For Staff Use Only)

Work Required	
Equipment/Supplies Required	
Cost Estimate	
Department Code	
Check By (Please sign)	
Approved By (Please sign)	

Materials Used (List any stock items)	
Completed by	
Completion date	
Tenant Signature	
Further recommendations/Explanations/Costs:	