

WORK ORDER ESTIMATE FORM

Windsor Baptist Church

WORK ORDER ESTIMATE		ORDER NO.	#
DATE			
REQUESTED BY			
PHONE			
EMAIL			
Date needed by:			
DESCRIPTION OF WORK REQUESTED:			
Received by:			Date

NOTES:	TIME ESTIMATE (HOURS)	
	LABOR COST ESTIMATE	
	MATERIALS ESTIMATE	
	ESTIMATE TOTAL =	

Requestor Approval Signature:		Date
Deacon Approval Signature:		Date
Date received by office		Office Administrator Initials
OFFICE NUMBER		
Payment Participators		