

Vendor / Contractor Work Order

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WORK ORDER #

DATE

VENDOR / CONTRACTOR COMPANY

VENDOR CONTACT NAME

VENDOR CONTACT (PHONE / EMAIL)

PO / SOW REFERENCE #

SITE / LOCATION

CERTIFICATION / INSURANCE ON FILE (Y/N)

WORK TYPE

☐ Installation ☐ Repair ☐ Inspection ☐ Emergency Call-Out

SCOPE OF WORK / TASK DESCRIPTION

REQUESTED COMPLETION DATE

MATERIALS / EQUIPMENT SUPPLIED BY VENDOR

MATERIAL / EQUIPMENT	QTY	COST

LABOR HOURS / CALLOUT DURATION

VENDOR INVOICE #

TOTAL VENDOR COST

APPROVED BUDGET / PO AMOUNT

COMPLETION & APPROVAL

DATE COMPLETED

APPROVED BY (FACILITY-SIDE)

NOTES / FOLLOW-UP REQUIRED

VENDOR / CONTRACTOR SIGNATURE / DATE

FACILITY MANAGER SIGNATURE / DATE
