

Integris Ventures Management, LLC

Service Request Form

To Be Filled Out By Tenant

Date: _____ Work Order #: _____
Requested By: _____ Received By: _____
Contact Person: _____ Date Received: _____
Telephone: _____ Contractor: _____
Email: _____

Priority (circle): Routine Urgent Chargeback (circle): Tenant Landlord

Description: _____

Tenant's Approval: _____ Date Approved: _____

To be filled out by Property Manager

Contractor to Perform Work: _____ Type of Service: _____
Time of Completion: _____ Date Completed: _____
Cost of Labor: _____ Actual Labor: _____
Cost of Materials: _____ Actual Material: _____
Total Cost: _____ Invoice Amount: _____
Deposit Amount: _____ Invoice Number: _____
Date Paid: _____ Date Paid: _____

Comments: _____

Contractor's Sign-off Completion: _____ Date: _____

Property Manager's Completion Approval: _____ Date: _____