

BCE MULTI-CRAFT JOB ORDER						JOB ORDER NO.	
COST CENTER			COLLECTIO WORK ORDER NO.		FACILITY NO.		DATE PREPARED
NAME OF INSPECTOR <i>(Last, First, Middle Initial)</i>			USING AGENCY		INDIVIDUAL TO CONTACT (Name and Telephone NO.)		
WORK DESCRIPTION	LOCATION	MATERIALS		WORK ID CODE	M/HR EST.	CRAFT	INCOMPLETE WORK
		ITEMS	QNTY				

NAME OF INSPECTOR <i>(Last, First, Middle Initial)</i>			USING AGENCY				INDIVIDUAL TO CONTACT <i>(Name and Telephone NO.)</i>				
WORK DESCRIPTION	LOCATION	MATERIALS						WORK ID CODE	M/HR EST.	CRAFT	INCOMPLETE WORK
		ITEMS	QNTY								
TOTAL ESTIMATED HOURS	CARP	PLUMB	ELEC	PAINT	OTHER				TOTAL	TOTAL ACT HRS	
REMARKS											
SIGNATURE OF INSPECTOR											
DATE ASSIGNED		AUTHORIZING SIGNATURE									
DATE COMPLETED		SUPERVISOR'S SIGNATURE									