

**GADSDEN STATE COMMUNITY COLLEGE
WORK ORDER REQUEST**

Work Order # _____

10/2008

Customer: Please complete and forward to Instructor

Date: _____ / _____ / _____

G#: _____

Name: _____
(Last) (First) (MI)

Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Employer: _____ Phone: _____

Make: _____ Model: _____ License #: _____

Color: _____ Other: _____ Registration Verified: _____

Description of Work: _____

I understand the following and agree to these terms:

1. I will not hold Gadsden State Community College responsible for work performed.
2. I must pay for work before receiving my property. (This includes tax supported and/or charitable organizations.)
3. I agree to make payments to GSCC to insure that amounts due will not exceed \$200.00 at any time. Approved purchase orders will be accepted from tax supported and/or charitable organizations.
4. The item to be repaired or job to be done is my own personal property and will not be resold.
5. After 90 days, this request for work will be void.
6. GSCC is not responsible for stolen items.
7. GSCC students and employees may operate vehicle, if applicable, for the purpose of inspecting repairs at my risk.
8. I understand that if I fail to honor my obligation for payment of amounts due, including penalties and fines, Gadsden State Community College will use every legal means to collect the amounts due. In addition, I become responsible for collection costs and attorneys' fee. Any completed live-work project which is not paid for and picked up within 30 days after the initial notification by GSCC by registered mail return receipt requested shall become state property and normal surplus-property procedures will apply.

Customer's Signature

Date

Instructor: Please complete and forward to the East Broad/Ayers Business Office.

Shop Name: _____ Budget Number: _____

Classification:	
1. Student in your program	5. GSCC student not in your program
2. GSCC's requirements	6. Tax supported or charitable organization
3. Employee at GSCC	7. Service charge only (min. \$5.00)
4. Active/Retired public employee/officials	8. Service charge only - No Tax (min \$5.00)

Cost Estimate: _____ Purchase Order Number: _____

Work to be done _____ day or _____ night class (Check One.)

Will job require students to be off campus? Yes / No (Circle One)	If more than 30 hours, attach signed permission from Chancellor. If less than 30 hours, attach signed Off-Campus Live Work Approval Form.
Does requested work fit within the specified criterion? Yes/No (Circle One)	Criterion: Live work will be conducted when the training program requires such projects for the acquisition of occupational skills leading to employment.

Approved by Instructor or Academic Director: _____

Signature

Date

Work Order Completed: _____ Customer Notified: _____ Paid: _____ Picked Up: _____