



Squaxin Island Tribe
Department of Information Services
 Staff Work Order

Requester: _____

Date: _____

Address/Location: _____

Prepared by: _____

Funded by: _____

Phone: _____

Special Instructions: _____

Directors

Approval: _____

Work to be performed:

Work Accomplished:

Date: _____

 Customer Signature

 Worker's Signature

I have inspected the work and find it satisfactory.
 Call 432-3893 with questions or comments.

DIS Use Only:	DIS Directions Approval: