

TAOS PUEBLO CMS-MUNICIPAL SERVICES DIVISION
ROAD MAINTENANCE * 1035 SPIDER ROCK ROAD * 575/758-9414

Work Order (Request for Services)

Date: _____ Work Order No. _____
 Name: _____
 Physical Address: _____ Billing Address: _____
 Telephone No: _____

TYPE OF REQUEST (Site Visit-Assessment of Project by Roads Maintenance Supervisor before project begins)
 A minimum of 20% of total is required for all requests. Payments (deposits & final payment) must be paid @ CMS-Finance. Payment must be made in full upon completion of services.

Equipment	Rate/Hour
<input type="checkbox"/> Backhoe	<input type="checkbox"/> \$75 (20% ~ \$12)
<input type="checkbox"/> Bulldozer	<input type="checkbox"/> \$60 (20% ~ \$8)
<input type="checkbox"/> Grader	<input type="checkbox"/> \$80 (20% ~ \$14)
<input type="checkbox"/> Dump Truck	<input type="checkbox"/> \$90/Load (20% ~ \$16)
<input type="checkbox"/> Other:	<input type="checkbox"/> \$ _____

Priority Level: Emergency Call(s) Immediate/Next Week/Within Month (Scheduling by Road Maintenance Supervisor)

Work Site Location: _____

Description of Services: _____

Signature of Requestor: _____ Date: _____

Religious Purposes: (If you are requesting services for religious purposes, you are allow one (1) field per family without cost.
 _____ I am requesting service for Personal Use _____ I am requesting services for Religious Purposes.

Governor's Verification (For Religious Purposes): _____

ROADS DEPARTMENT USE ONLY			
Date of Service		Estimate Time Required	
Equipment Needed		Estimate Amount	\$
Deposit Amount	\$	Deposit-CMS Finance Office	Receipt No.
Actual Time on Project		Date of Completion	
Amount Owed	\$	Final Invoice No.	\$
Final Payment	\$	Operator's Signature:	

FINANCE USE ONLY			
Deposit Received \$	Balance: \$		Receipt Number:
Invoice Paid in Full	Yes No	Date:	Receipt Number:
Work Order Completed	Yes No	Date:	Exempt from Payment:
Signature - Finance:			