



Oglala Lakota College
Head Start/Early Head Start Program



TRANSPORTATION WORK ORDER FORM

Date Requested: _____

WO# _____

LOCATION NEEDING SERVICE

Name of District/Center:

Allen Head Start	Pine Ridge Head Start I	Wounded Knee Head Start	
Kyle Head Start I	Pine Ridge Head Start II	Wakpamni Head Start	
Kyle Head Start II	Pine Ridge Head Start III		
Manderson Head Start I	Pine Ridge Head Start IV		
Manderson Head Start II	Pine Ridge Head Start V		
Martin Head Start I	Pine Ridge Head Start VI		
Martin Head Start II	Pine Ridge Head Start VII	Kyle Early Head Start	
Oglala Head Start I	Pine Ridge Head Start VIII	Pine Ridge Early Head Start	
Oglala Head Start II	Pine Ridge Head Start IX	Manderson Early Head Start	
Porcupine Head Start I	Wanblee Head Start I	Porcupine Early Head Start	
Porcupine Head Start II	Wanblee Head Start II	Oglala Early Head Start	

Staff Name: _____

Contact Shawn Two Bulls (email: jwhiteek@olc.edu /work: 605-867-2985)

*****FAX FORM TO: 605-455-6116**

What is the Request? (Nature of Problem)

For Transportation use only:

Work Done and Materials Used:

Date Completed: _____
