

1. Name and Address of Reporting Person
Laytin, Sid
1500 Chester Pike

Eddystone, PA 19022
2. Date of Event Requiring Statement (Month/Day/Year)
3/31/2003
3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)
4. Issuer Name and Ticker or Trading Symbol
Matrix Service Company (MTRX)
5. Relationship of Reporting Person to Issuer (Check all applicable)
[] Director [] 10% Owner
[X] Officer (give title below) [] Other (specify below)
6. If Amendment, Date of Original (Month/Day/Year)
7. Individual or Joint/Group Filing (Check Applicable Line)
[X] Form filed by One Reporting Person
[] Form filed by More than One Reporting Person

Table I Non-Derivative Securities Beneficially Owned

1)Title of Security	2)Amount of Securities Beneficially Owned	3) D I	4)Nature of Indirect or Beneficial Ownership

Table II Derivative Securitites Beneficially Owned

1)Title of Derivative Security	2)Date Exercisable and Expiration Date (Month/Day/Year)	3)Title and Amount of Securities Underlying Derivative Security	4)Conver- sion or exercise price of Deri- vative Security	5)Ownership Form of Derivative Security Direct(D) or Indirect(I)	6)Nature of Indirect Beneficial Ownership
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	

Explanation of Responses:

SIGNATURE OF REPORTING PERSON
/S/ Laytin, Sid
DATE 03/31/03