

REASON FOR REPAIR: BREAKDOWN DRIVER'S REPORT INSPECTION

P.M. OTHER (LIST REASON)

INSTRUCTIONS:

REPAIR ORDER
 DATE _____
 COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 VEHICLE NO. _____ YEAR _____
 MAKE _____ MODEL _____
 ODOMETER READING _____

PARTS

LABOR

PART NO.	DESCRIPTION	PRICE EACH	QTY.	TOTAL COST	EMPLOYEE NAME OR NUMBER	DESCRIPTION OF WORK PERFORMED	RECORD TIME HERE	
							TOTAL	OUT
							TOTAL	OUT
								IN
							TOTAL	OUT
								IN
							TOTAL	OUT
								IN
							TOTAL	OUT
								IN
							TOTAL	OUT
								IN
							TOTAL	OUT
								IN
							TOTAL	OUT
								IN

OUTSIDE REPAIRS

MECHANIC COMMENTS

COST RECAP

VENDOR:		TOTAL PARTS \$ _____	
ADDRESS:		HRS. LABOR _____	
CITY:	STATE:	ZIP:	TOTAL LABOR \$ _____
PHONE:	INVOICE NUMBER:		OUTSIDE REPAIRS \$ _____
COMMENTS:	TOTAL PARTS \$ _____	MECHANIC'S SIGNATURE	_____ \$ _____
	TOTAL LABOR \$ _____		_____ \$ _____
	TOTAL OUTSIDE REPAIR \$ _____		TOTAL REPAIR \$ _____
		INSPECTED BY _____	

ORIGINAL