

In Partnership with Florida International University

VEHICLE REPAIR REQUEST

Vehicle # _____ Department _____ Date _____

Odometer _____ Year _____ Make _____ Model _____

Requested By _____ Requestor's Signature _____
Please print

Contact Phone # _____ Contact E-Mail _____

- | | |
|---|---|
| <input type="checkbox"/> Scheduled PM | <input type="checkbox"/> Non-Scheduled PM |
| <input type="checkbox"/> Corrective Maintenance | <input type="checkbox"/> Accident or Vehicle Damage |
| <input type="checkbox"/> Re-Work | <input type="checkbox"/> Road Call |
- Time Received _____ Time Released _____

Description of Requested Repair

- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
- (Use reverse side if necessary)

Repairs Made by the Technician

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Completion Date _____ Technician Signature _____