

ITEM TYPE: 

☐ ROUTINE MAINTENANCE

☐ MECHANICAL REPAIRS

☐ ELECTRICAL SYSTEM REPAIR

☐ HVAC

☐ OTHERS \_\_\_\_\_

☐ DIAGNOSTIC SERVICES

☐ TIRE SERVICES

☐ BODY AND INTERIOR REPAIRS

☐ PREVENTIVE MAINTENANCE

NAME OF EMPLOYEE		DATE REQUESTED			
DEPARTMENT		PLATE NO			
POSITION		MODEL			
DESCRIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT
GRAND TOTAL					
REMARKS:					
PREPARED BY:		CHECKED BY		APPROVED BY	
<div>Employee's Signature <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>		<div>Administrative Staff <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>		<div>Finance &amp; Accounting Director <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>	

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