

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 PRICE	AMOUNT
GRAND TOTAL			
REQUESTED BY:	CHECKED BY:	APPROVED BY:	
		<div><input type="radio"/> Approved<input type="radio"/> Disapproved</div>	
<div>Employee's Signature <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>	<div>Administrative Officer <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>	<div>KATHLEEN REYES, MHM, DBA Chief Operating Officer</div> <div>DATE SIGNED:</div>	

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