

VEHICLE REPAIR & MAINTENANCE REQUEST FORM

ADMINISTRATIVE DEPARTMENT

ITEM TYPE: ROUTINE MAINTENANCE							
NAME OF EMPLOY	YEE			DATE REQUES	TED		
DEPARTMENT				PLATE NO			
POSITION				MODEL			
DESCRIPTION				QTY	UNIT	UNIT COST	TOTAL AMOUNT
REMARKS:						GRAND TOTAL	
PREPARED BY:		CHECKED BY			APPROVED BY		
						2 Assounting D	iractor
Employee's Signature (Signature over Printed Name) ATE SIGNED: DATE SIGNED: DATE SIGNED:				Finance & Accounting Director (Signature over Printed Name) DATE SIGNED:			