

VEHICLE MAINTENANCE REQUEST

VEHICLE:	MILEAGE:	DATE:	_
Regular Scheduled Maintenance: _			
Other Problems (please describe):_			
Under what circumstances:			
Describe any action already taken:			
Requested by:		Date:	
TO BE COMI	PLETED BY TRANSPORTA	ATION COORDINATOR	
☐ Send to out	side mechanic/vendor	☐ Handle in-house	
Comments:			
TO BE COMPLETED	BY MECHANIC AND/OR	MAINTENANCE TECHNICIAN	
Date:			
Work done:			
Follow up required:			