

MECHANIC WORK ORDER



Today's Date:

CONTACT INFORMATION

Name:

Department:

Email:

Phone:

WORK ORDER INFORMATION

Description of Problem:

Vehicle ID:

Mileage:

Parts Used

Part Item Number and Description	Quantity	Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Materials Total:

Labor:

Description	Hours	Rate	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Estimated Total Cost:

Description of Work Completed:

Name of Supervisor/Approver:

Approval Signature:

Date:

Date Work Completed: