|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qty.** | **Part Number and/or Description** | **Unit Cost** | **Amount** | CHS_Autos_Logo.jpg  **Brian Locke**  **ASE CMAT**  **Instructor**   |  | | --- | |  | | | | | | Date IN | Repair Order # |
|  |  |  |  |  |  |
|  |  |  |  | Date OUT | Written By |
|  |  |  |  |  | | | |  |  |
|  |  |  |  | **928-773-8200 ext. 6421 BLocke@fusd1.org** | | | |  | |
|  |  |  |  | Name (or training aid unit) | | | | Home Phone Number | Business Phone Number |
|  | | | |
|  |  |  |  | Address | | | |  |  |
|  | | | |
|  |  |  |  | City | | ST | Zip | License Plate Number | Vehicle Color or Description |
|  | | | |  |  |
|  |  |  |  | Year | Make | Model | |
|  | | | | Vehicle Odometer Mileage | Technician Name or Number |
|  |  |  |  | V.I.N. | | | |  |  |
|  | | | |
|  |  |  |  | **SERVICES REQUESTED and DESCRIPTION OF WORK** | | | | | **AMOUNT** |
|  |  |  |  | concern: | | | | |  |
|  | | | | |
|  |  |  |  |  | | | | |  |
|  |  |  |  |  | | | | |  |
|  |  |  |  | cause: | | | | |  |
|  | | | | |
|  |  |  |  |  | | | | |  |
| **TOTAL PARTS** | | | **$0.00** |  | | | | |  |
| **Sublet repairs:** | | |  | correction: | | | | |  |
|  | | | | |
|  | | |  |  | | | | |  |
|  | | |  |  | | | | |  |
| **TOTAL SUBLET REPAIR** | | | **$0.00** | **ESTIMATED COSTS** | | | | **TOTAL LABOR** | $0.00 |
| I hereby authorize the requested diagnostic, repair and/or service operation(s) to be performed by students in an educational setting pertaining to the current curriculum. The vehicle may be driven or otherwise used to effectuate these operations. It is understood that this is considered a training exercise with NO implied warranty and the institution will not be held responsible for loss or damage to the vehicle or contents due to fire, theft, or any other cause beyond control. An express "mechanics lien" is acknowledged on this vehicle in order to secure the amount of repairs thereto. | | | | Parts | | Labor | Total | *(calculated from the flat rate manual)* |
|  | |  |  |
| Authorized by | | In Person By Phone | | **TOTAL PARTS** | $0.00 |
|  | | □ | □ |
| Date | Time | Contacted by | Phone # | **TOTAL SUBLET REPAIR** | $0.00 |
|  |  |  |  |
| **REVISED ESTIMATE or ADDITIONAL WORK** | | | | **ENVIRONMENTAL FEE** |  |
| Parts | | Labor | Total | *(EPA waste disposal fee)* |
|  | |  |  |
| Authorized by | | In Person By Phone | | ***Simulated* SALES TAX** |  |
|  | | □ | □ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature  Save old parts? yes | Date | Time | Contacted by | Phone # | Suggested TOTAL DONATION |  |