



Work Order Number

Date: \_\_\_\_\_

Facilities Maintenance Department  
425 First Avenue  
Sacramento, CA 95818

Vendor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_

Vehicle Quantity: \_\_\_\_\_

Vehicle Odometer Reading \_\_\_\_\_ Vehicle License Number \_\_\_\_\_

Vehicle Assigned \_\_\_\_\_

Information that might help identify the problem(s) on the vehicle.

Comments: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

A quote must be provided to Sacramento City Unified School District for any vehicle

released for repair. SCUUSD will not be held liable for any cost incurred for repairs

on a SCUUSD vehicle without quote approval. The points of contact are Steve Hark at

016 264 4075 or Reggie Walker at 016 752 3058 for assistance on all vehicles or equip-

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ment.