

Fleet Maintenance Work Order

Driver:

Name

Date:

License #:

Email:

Phone:

Vehicle #:

Request Details:

Vehicle

Type:

Notes:

Evaluation:

Starting mileage:

Return mileage:

Oil:

Battery:

Tires:

Coolant levels:

Wipers:

Transmission:

Breaks:

Signals/headlights:

Other:

**Preferred times
for service:**

Urgency:

Low

Medium

High

Maintenance Dept:

	Labor required:	
	Materials required:	
	Estimated cost:	
	Crew Member Assigned:	
	Date of assignment:	
	Due date:	
		Approved by: