



Bus/Vehicle Repair Order

MORGAN COUNTY SCHOOL DISTRICT RE-3 TRANSPORTATION DEPARTMENT

*Date: _____ *Veh/Bus# _____ *Time Submitted: _____

Please PRINT CLEARLY and complete ALL BOXES marked with an "*"

*Work Requested By: _____ (Print) *Current Vehicle Mileage: _____

*Detailed Description of Work to be Completed: _____

DO NOT write below this line. Shop/Admin purposes only.

Work Performed: _____

Mech Init	Time			Category	Materials Used	Unit Price	Qty	Extended Price
	Start	Stop	Total					
Sub Total (See Back)								

