

# GARAGE VEHICLE SERVICE WORK ORDER

DEPARTMENT: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

VIN: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

NEXT SERVICE  
DUE: \_\_\_\_\_

## SERVICES NEEDED

- |   |  |
|---|--|
| <input type="checkbox"/> CHANGE OIL/FILTER _____ Quarts | <input type="checkbox"/> REPLACE WIPERS            |
| <input type="checkbox"/> REPLACE FUEL FILTER            | <input type="checkbox"/> ROTATE TIRES              |
| <input type="checkbox"/> REPLACE AIR FILTER             | <input type="checkbox"/> REPLACE TIRES             |
| <input type="checkbox"/> CHECK ALL FLUIDS               | <input type="checkbox"/> REPAIR TIRES              |
| <input type="checkbox"/> CHECK BELTS / HOSES            | <input type="checkbox"/> VEHICLE SAFETY INSPECTION |
| <input type="checkbox"/> SERVICE BRAKES                 | <input type="checkbox"/> REPLACE BATTERY           |
| <input type="checkbox"/> REPLACE BRAKES                 | <input type="checkbox"/> 4,000 MILE MAINTENANCE    |
| <input type="checkbox"/> OTHER (SEE BELOW)              |  |

COMMENTS/OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_