Work Order

Meets NATEF Task: (A8-A-1) Complete work order. (P-1)

Name _____ **Date** _____ **Time on Task** _____

Make/Model/Year _____ **VIN** _____ **Evaluation: 4 3 2 1**

Fill in the customer and vehicle information, plus the customer concerns and related service history.

UAS Automotive
1415 Any Street
City, State 99999

ASE CERTIFIED NATEF
ASE CERTIFIED PROGRAM

Customer Information Name _____
Daytime _____ Address _____
Evening _____ City _____ State _____ Zip _____

Vehicle Information
Year _____ Model _____
Color _____ Mileage _____
VIN _____

Materials

Customer Concern _____

Related Service History _____

Labor Performed _____

Root Cause of Problem _____

Customer Authorization

X _____

Totals

Materials _____
Labor _____
Misc. _____
Sub Total _____
Tax _____
TOTAL _____