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

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 _____