## **Work Order**

Meets ASE Task: (A4-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 an history.	nd vehicle information, plus the custome	er concerns and related service
	UAS Automotive 1415 Any Street City, State 99999	NATEF  ASE CERTIFIED PROGRAM
Customer Information Not Daytime A Evening C	Address Year City State Zip Color	e Information  Model  Mileage
Materials	Customer Concern	
	Related Service History	
	Labor Performed	
	Root Cause of Problem	Materials
	Customer Authorization  X	Sub Total Tax
		•