



Fullerton Joint Union High School District
Transportation Department

WORK ORDER FORM

Date: _____ Name: _____

Phone #: _____ Email: _____

School Site/Department: _____

Car Wash? YES NO Date Vehicle will be brought to DTC: _____
(must be between 9:00 - 10:00 a.m.)

Repair Work Requested: _____

Where is Vehicle Located at Site? _____

Vehicle Description: _____

VIN #: _____

Approval: _____ Budget #: _____

Please print a copy for your files