



***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***