Tolles Career & Technical Center
7877 US Highway 42 South
Plain City, OH 43064
(614)873-4666

00000

Customer Work Order

Name	
Address	
City State Zip	
Business Phone Ext.	
Home Phone	
Call When Ready ■ Yes □ No	
Year, Make, & Model	
Serial #/VIN	
License #: Mileage	
Date In: □ am □pm	
Written By:	
Terms:	

Description of Service

Customer Service Acknowledgement (initial statements and sign below)

____ I hereby authorize the described work to be done along with the necessary materials. It is understood that Tolles Career & Technical Center will not be held responsible for loss or damage to the project in case of fire, theft, or any other cause beyond our control. I further understand that this work is an educational experience. Students cannot be given a specific deadline for completion. Tolles Career & Technical Center is not liable for unforeseen problems with the project. At any time, the supervisor can terminate the project at their descretion. The project will be promptly moved upon request. Cost must be paid before the release of the project. No project will be removed until the instructor releases it.

Qty	Parts Description	Unit Cost	Cost
		Total Parts	
		Tax	
		TOTAL	

Automotive & Agricultural Programs (initial statements that apply and sign below)

____ Tolles Career & Technical Center employees/students may operate vehicle for the purpose of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on the above vehicle to secure the amount of repairs thereto.

Any vehicle left over five (5) days, after the instructor has notified the owner, will be charged a rate of $1.00 per day with payment due before the vehicle is released. Any vehicle left for more than 30 days after notification will be processed according to law (ownership will be applied for or vehicle towed to a storage lot).

Service Completed	Service Charge
Total Service	
Total Parts	
Shop Supplies	
GRAND TOTAL	

Student Technician:

Contacted By: In Person □ By Phone □

Date: | Time: | Called by: | Phone:

Customer Signature:_____Date: _____

Customer wants to have old parts? ■ Yes □ No

Supervisor Authorization:

This job is assigned to the _____Program on _____
(Date)

Signature:_____

Method of Payment: Check #_____
Cash □
Credit □
Pmt Rec'd By:_____
Date: _____

White - Treasurer

Yellow - Customer

Pink - Teacher