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| CRS color logo #2 | CATHOLIC RELIEF SERVICES<<COUNTRY>> ProgramMOTOR VEHICLE WORK ORDER |

**Date:** **W/O No:**

**To (Service Provider):** **Contact No:**

**From (Field Office):** **Contact No:**

**Equipment ID:** **Odometer Reading:**

**DSPN:**

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| WORK TO BE DONE / PROBLEMS IDENTIFIED | **WORK**  **COMPLETED** | **INITIALS** |
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**Requested by: Date:**

**Approved by: Date:**

Additional work completed (must be approved in advance) or recommended:

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| --- |
| ADDITIONAL APPROVED WORK COMPLETED / PROBLEMS IDENTIFIED |
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I certify that the requested repairs were completed satisfactorily as per vendor quotation and CRS authorization:

Certified by: Date:

Approved for Payment: Date:

**Attach as appropriate:** CRS Request for Quote (RFQ), Vendor Quotation, Vehicle Transfer-Retrieval Form, Vendor Invoice

**Copies of all documents to Vehicle File; originals to the Finance Office with Cash Disbursement Request.**