|  |  |
| --- | --- |
| 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:**

|  |  |  |
| --- | --- | --- |
| WORK TO BE DONE / PROBLEMS IDENTIFIED | **WORK****COMPLETED** | **INITIALS** |
|  | **[ ]**  |  |
|  | **[ ]**  |  |
|  | **[ ]**  |  |
|  | **[ ]**  |  |
|  | **[ ]**  |  |
|  | **[ ]**  |  |
|  | **[ ]**  |  |

**Requested by: Date:**

**Approved by: Date:**

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

|  |
| --- |
| ADDITIONAL APPROVED WORK COMPLETED / PROBLEMS IDENTIFIED |
|  |
|  |
|  |
|  |

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.**