**CAL POLY POMONA**

*FACILITIES PLANNING AND MANAGEMENT*

**Vehicle Maintenance Request Form**

Please complete this form to update our vehicle maintenance records. The information provided will be updated once per fiscal year. If chargeback information changes during the fiscal year a new form will need to be submitted with the updated information and approvals. All forms should be completed and returned within two (2) weeks of receiving them. Should you have any questions, please contact our **Facilities Customer Service** team at: **(909) 869-3030**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Requestor: |  | Email: |  | Date: |
|  |  |  |  |  |
| Department: |  | Phone: |  | Fax: |
|  |  |  |  |  |
| Vehicle number(s): |  |  |  |  |

*\*This should be the primary point of contact for the vehicle maintenance*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Send chargeback statement to: | | Name: | | | | | Email: | | | Ext: |
| Funding source: | Account | | Fund | Dept ID | | Program | | Class | Project | |
| ASI PO#: | | | | | Foundation Account: | | | | | |

Services requested (*check all that apply*)

|  |  |  |
| --- | --- | --- |
| Fuel Charges | Annual Service | Misc. Repairs |
| Other (*please describe*): | |  |

|  |  |
| --- | --- |
| Authorized Signer’s Name (please print) | Title or Department |
|  |  |
| Authorized Signature | Date |

Please send completed forms to: [fmcustomer@cpp.edu.](mailto:fmcustomer@cpp.edu) Please put “ATTN: Auto Shop” in the subject line.

**FPM department use**

FM work order number: