



Work Order Number:

Date: _____

Facilities Maintenance Department
425 First Avenue
Sacramento, CA 95818

Vendor's Name: _____

Address: _____

Telephone: _____

Vehicle Number _____ Vehicle Operator _____

Vehicle Odometer Reading _____ Vehicle License Number _____

Vehicle Assigned _____

Information that might help identify the problem(s) on the vehicle:

Comments: _____

Authorized Signature

A quote must be provided to Sacramento City Unified School District for any vehicle repair(s) (including parts and labor) Upon approval of the quote, the vehicle will be released for repair(s). *SCUSD will not be held liable for any cost incurred for repair(s) on a SCUSD vehicle without quote approval.* The points of contact are: Steve Flack at 916-264-4075 or Reggie Walker at 916-752-3058 for assistance on all vehicles or equipment.