

Unit _____
County _____

A130.700

EQUIPMENT REPAIR REPORT

EQUIPMENT MAKE & MODEL _____ Inventory # _____

LICENSE # _____ S/N _____ ODOMETER/HOUR READING _____

DISCREPANCY/INSTRUCTIONS: _____

Comments: _____
Work requested by: _____

VENDOR	INVOICE	DESCRIPTION OF PARTS	AMOUNT

AFC SHOP LABOR DESCRIPTION	HOURS	RATE	AMOUNT
		Total	

Work performed by _____ Date _____ Total Parts _____
Work approved by _____ Date _____ Total out labor _____
Work accepted by _____ Date _____ Total AFC labor _____

Total Cost