

Work Order Form for Auto Repair Shops

No. _____

WORK ORDER

Work order # _____ Date in _____

Customer name _____ Phone _____

VEHICLE

Make / model / year _____ Plate number _____

VIN _____ Mileage in _____

Existing damage on arrival (attach photos)

JOB

Customer complaint

Diagnosis

Work to be done

Part	Qty	Price

Labor hours _____ Estimate total _____

Status

☐ Waiting ☐ In progress ☐ Waiting for parts ☐ Done ☐ Picked up

Technician _____ Date out _____

Customer authorization

Date

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