_____
BOARD OF EDUCATION

OUT OF SERVICE

VEHICLE NO. _____

DATE IN _____/_____/_____ TIME _____

MECHANIC'S NAME _____

REASON (OTHER THAN P. M.) _____

_____

_____

_____

_____

CHECK FOR P.M. COMPLETION C ☐

RETURN TO SHOP D ☐

ATTACH TO WORK ORDER NO. _____

REPAIRED BY _____

DATE OUT _____/_____/_____ TIME _____

SHOP COPY