

**Sam Houston State University
Vehicle Fleet Management
Vehicle Maintenance Reporting Form**

Department _____ Date _____
 Contact Person _____ Phone Number _____ Extension _____

Maintenance Type _____ Date Work Requested _____
 Vehicle License Plant Number _____ Vehicle Odometer Reading _____
 Vehicle Make _____ Vehicle Model _____ Vehicle Model Year _____
 Vehicle Inoperable _____ Date Vehicle Returned to Service _____

Vehicle Maintenance Task Description

Maintenance Task	Date Performed	Description of Maintenance Performed

Vehicle Maintenance Parts Description & Cost

Maintenance Task	Materials Used	Quantity	Units	Cost Per Unit	Materials Costs

Fill in this section for maintenance task performed by an independent vendor or SHSU personnel other than Vehicle Maintenance Department personnel.

Maintenance Task	Name of Person or Vendor Performing Maintenance	Task Labor Hours	Hour Labor Rate	Task Labor Cost 1

Fill in this section when maintenance was performed by a party not affiliated with SHSU.

Vendor Name _____ Federal Tax ID Number _____
Address _____
City _____ State _____ Zip Code _____

Fill in this section when vehicle required towing.

Name of Towing Company _____
Address _____
City _____ State _____ Zip Code _____

Description of Miscellaneous Cost	

Total Labor Cost \$ _____
Total Materials Cost \$ _____
Total Cost \$ _____