

Mechanic with Service Truck

EXHIBIT K**INCIDENT EQUIPMENT REPAIR ORDER**

1a. Name/Address		1b. Telephone	2. Date:
3. Incident Name:		4. Incident Number:	5. "E" Number
6. Equipment Description (include year, make, model, license number, serial number or vehicle identification no.):			
7. Description of Work Performed:			
8. Labor: Inclusive hours (rounded to the nearest ½ hour) work was performed: Total Labor hours: _____		9. Odometer Reading:	
10. Parts and Accessories (use second page for additional Parts and Accessories if necessary):			
Parts Used	Quantity	Unit Price	Total
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
TOTAL PARTS:			\$_____.
TOTAL LABOR (from block 8):			\$_____.
TOTAL OF EQUIPMENT REPAIR ORDER:			\$_____.
11. Signatures (must be legible):			
Owner/Representative Signature:		Mechanic's Signature:	
Printed name & Title:		Printed Name and Title:	
Date:		Date:	
Original=Finance / Copy=Contractor / Copy in Contractor's OF-305 / Posted to OF-286 Y N			

