Record of Materials Used

Quan	Part NO.	Description	Sale Amt	Cost
		Parts Total		

I certify that the completed job has been inspected by me and that it is ready to leave the shop. _____ Date: _____

FEDERAL WAY HIGH SCHOOL AUTOMOTIVE

30611 16TH AVE. SO.
FEDERAL WAY, WA 98003
Phone: 253.945.5469
Fax: 253.945.5454

NAME: _____

ADDRESS: _____

PHONE: _____ DATE IN: _____

Repair Order NO. 0000

TIME RECEIVED

AM ☐ PM ☐

PHONE WHEN READY

YES ☐ NO ☐

ORDER WRITTEN BY:

Vehicle Make	I certify that the job/s stated below performed by the students fits the curriculum and that the students are competent to perform the work under my supervision.
Model	Instructor: _____

Model Year	**License Number**	**State**	**Odometer Reading**

Operation #	**TECHNICIAN INSTRUCTIONS**	SHOP CHARGE

I hereby agree that all such work will be performed at my own risk. Neither Federal Way High School, nor the Board of Education, nor Federal Way Public Schools, or any employee of said district, nor any student, shall be liable or responsible for any loss or damage or injury to my person or property from any cause whatsoever, whether it be due to fire, theft, accident, negligence, or any other cause.
I agree to pay the regularly scheduled prices for the services received as determined by the instructor in charge.

SIGNED: _____ DATE: _____

Total Parts:	
Total Supplies:	
Grand Total:	

Recommended Service