



TAYLOR MADE AMBULANCE

WARRANTY WORK ORDER SHEET

FAX TO: 870-523-4835

AGENCY: _____ DATE: _____

CONTACT: _____ PHONE: _____

CHASSIS: _____ TYPE: _____ YEAR: _____

VIN#: _____ MILEAGE: _____

PROBLEM REPORTED:

TAYLOR MADE DATA-DO NOT WRITE BELOW THIS LINE

DIAGNOSIS:

CORRECTIVE ACTION TAKEN:

AUTHORIZED BY: _____

ESTIMATED HOURS: _____ ESTIMATED PARTS: _____

TECHNICIAN SIGNATURE: _____

ADDITIONAL NOTES

