FACILITIES PLANNING AND MANAGEMENT

Vehicle Maintenance Request Form

Please complete this form to update our vehicle maintenance records. The information provided will be updated once per fiscal year. If chargeback information changes during the fiscal year a new form will need to be submitted with the updated information and approvals. All forms should be completed and returned within two (2) weeks of receiving them. Should you have any questions, please contact our **Facilities Customer Service** team at: (909) 869-3030.

*Requestor:				Email:				Date:	
Department:				Phone:			Fax:		
Vehicle number(s)	:								
*This should be the p	rimary point of c	ontact for the vehicle n	naintena	ince					
						ı r			
Send chargeback statement to: Name:					Email:				Ext:
Funding source:									
ASI PO#:		Foundation Account:							
Authorized Signer's		Title or Department							
Authorized Signature				Date					
ease send complet	ed forms to:	fmcustomer@cpp.(<u>edu</u> . Pl	ease put " <i>I</i>	ATTN: A	uto Shopʻ	" in the	subject lii	ne.
		FPM	1 depa	artment u	se				
				FM	l work o	rder numb	er:		