



CalPolyPomona

**FACILITIES PLANNING & MANAGEMENT
AUTO SHOP DEPARTMENT**

VEHICLE MAINTENANCE INFORMATION

Annual Request

Requestor: _____ Date: _____

Department: _____

Email: _____ Phone: _____ Fax: _____

Vehicle(s): _____

Funding Source(s) (*Please provide chartfield for routine maintenance.*):

SERVICE REQUEST AUTHORIZATION

Billing Contact

Requestor Signature

Title/Department

Date

Additional signature required if billing contact is not authorized to sign on chartfield.

Authorized Signee Name

Authorized Signee Signature

Title/Department

Date