## 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.

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*Requestor:			Email:			Date:		
Department:			Phone:			Fax:		
Vehicle number(s):								
*This should be the primary point of c	ontact for the vehicle m	nainten	ance					
Send chargeback statement to:	ement to: Name:				Email:			Ext:
Funding source:								
ASI PO#:	Foundation Account:							
A the dead Constant News (also as a day)								
Authorized Signer's Name (please print)			Title or Department					
Authorized Signature			Date					
lease send completed forms to:	fmcustomer@cpp.6	edu. P	Please put ".	ATTN: A	uto Shopʻ	" in the	subject li	ne.
	FPM	1 dep	artment u	ise				
FM work order number:								