

OFFICE OF THE DEPUTY REGISTRAR (CS)
WORK ORDER

Driver's Name: .....Sign: .....

Date: .....PF/No: ..... Vehicle Registration No.....

Previous Kms at service .....Current Kms.....Kms Covered.....

DETAILS OF WORK

- 1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

Table with 5 columns: NO., ITEM, IN, OUT, REMARKS. Rows include Batteries, Starter Motor, Alternator, Lights, Fuel tank cap, Car Keys, Car radio, Jack, Tires, Fuel level, Speedometer, Side Mirrors, Wheel Spanners, Spare Wheel.

Senior Technician/Workshop Supervisor' Remarks:

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Signature.....Date.....

Transport Officer's Remarks:

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.....

Signature.....Date.....

Deputy Registrar (CS): Approved /Not approved

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Sign: .....Date: .....

