

Fill in this section for maintenance task performed by an independent vendor or SHSU personnel other than Vehicle Maintenance Department personnel.

Maintenance Task	Name of Person or Vendor Performing Maintenance	Task Labor Hours	Hour Labor Rate	Task Labor Cost 1
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Fill in this section when maintenance was performed by a party not affiliated with SHSU.

Vendor Name	Federal Tax ID Number
Address	
City	State Zip Code

Fill in this section when vehicle required towing.

Name of Towing Company
Address
City State Zip Code

Description of Miscellaneous Cost	
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	Total Labor Cost \$
	Total Materials Cost \$
	Total Cost \$