



AUBURN
UNIVERSITY

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Vehicle Repair Notification Report

Department Vehicle Assigned _____

Date _____

Employee Submitting Request for Repair _____

VEHICLE INFORMATION

Vehicle Manufacturer _____

Vehicle Model Year _____

Vehicle Serial Number _____

DESCRIBE PROBLEM

DESCRIBE HOW THE DAMAGE OCCURRED

Signature of Employee

____/____/____
Date

Received By:

____/____/____
Date