Buckeye Hills Career Center 351 Buckeye Hills Road Thurman, OH 45685 740-245-5334



Name	Description of Service		
Address			
City State Zip			
Phone Ext.	]		
Date	1		
Date Payment Received by Treasurer:	1		
· · · ·	1		
Completed Project Release on: / / TO:	-		
Complete below for all motorized vehicles	-		
Year, Make, & Model			
Serial #/VIN			
License #: Mileage	1		
Customer Service Acknowledgement (initial statements and sign below)	Qty Parts/Supplies Description	Unit Cost	Cost
I hereby authorize the described work to be done along with the necessary			
naterials. It is understood that Buckeye Hills Career Center will not be held			
esponsible for loss or damage to the project in case of fire, theft, or any other			
cause beyond our control. I further understand that this work is an educational			
experience. Programs cannot be given a specific deadline for completion. Buckeye			
Hills Career Center is not liable for unforeseen problems with the project. At any		1	
ime, the Dean can terminate the project at their discretion. The project will be			
promptly moved upon request. The total amount must be paid in full before the project		Total Parts	
s released to the customer. No project is to be removed from the school's property		Tax	
until the instructor releases it and bill is paid in full.		TOTAL	
Automotive & Agricultural Programs (initial statements that apply and sign below)	Service Completed		Service Charge
Buckeye Hills Career Center employees/students may operate vehicle for the			I
purpose of testing and inspection at my risk. An express mechanics lien			I
s acknowledged on the above vehicle to secure the amount of repairs thereto.			I
			I
/ehicles need to be removed five (5) days, after the instructor has notified the owner.			1
Any vehicle left for more than 30 days after notification will be processed according	Student Technician:	Total Service	
o law (ownership will be applied for or vehicle towed to a storage lot).	Contacted By: In Person  By Phone	Total Parts	I
	Date:   Time:   Called by:   Phone:	Shop Supplies	1
*CUSTOMERS MUST PAY AND PICK-UP THEIR PROJECT		GRAND TOTAL	
MONDAY - FRIDAY FROM 8:00 A.M. TO 2:30 P.M.	Dean's Authorization:		Method of Payment: Check #
	Note: Customer service is NOT to be performed prior to the Dean's approval.		Cash
Customer Signature:Date:	_ This job is assigned to theProgram on		
	(Da	ate)	Pmt Rec'd By:
Customer wants to have old parts?   Yes  No	Dean Signature:		Date:

**Customer Work Order**