Viking Manufacturing Inc. (VMI)

Repair Order Form

Customer Name: _____

Job Name: _____

Original PO: _____ Date of Job_____

Job Address: _____

Billable? YES ☐ NO ☐ Warranty YES ☐ NO ☐

Description of Problem:

Action Taken (*Office*):

Notes & Completion Date:

Customer Signature _____

VMI Authorized Signature_____