

UGANDA CHRISTIAN UNIVERSITY

DIRECTORATE OF FACILITIES AND CAPITAL PROJECTS

MOTOR VEHICLE MAINTENANCE RECORD FORM

Part 1: To be filled by User Department/Section

Department/Section----- Date-----

Vehicle Reg. No. ----- Type ----- Mileage-----

Nature of maintenance requested-----

(Tick)

Repair

Service

Reported by (Name of the Driver) -----

Recommended by (Head of Department/Section) -----

Part 2: To be filled by the DRIVER MECHANIC

Date of last Maintenance-----

Verification of Fault-----

Inspected by a Driver/ Mechanic -----

Part 3: To be completed by the Director Facilities &Capital Project

Name of the Garage to repair.-----

Authorized by -----

Part 4: To be filled by the Authorized Garage

Name of the Garage -----

Diagnosis of the fault-----

Total Cost of Repairs UGX.(Attach a detailed Proforma Invoice)

Authorized by (Name and Signature) ----- Date -----

Part 5: To be filled by the Directorate of Facilities and Capital Projects

Repairs authorized by (Name and Signature) -----Date -----

Picked by (Name and Signature) ----- Date -----