



#1 – 1943 Broadway St., Port Coquitlam, B.C. V3C 2N2 Ph.- 604-464-3460

**WORK ORDER**

COMPANY NAME: \_\_\_\_\_ PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

WORK TO BE PERFORMED: \_\_\_\_\_

**PARTS: (Please indicate quantities)**

- |  |  |
|--|--|
| <input type="checkbox"/> PISTON KIT: (brand) _____ | <input type="checkbox"/> TOP END GASKET KIT    |
| <input type="checkbox"/> RING COMPRESSOR _____     | <input type="checkbox"/> BOTTOM END GASKET KIT |
| <input type="checkbox"/> WRIST PIN BEARING _____   | <input type="checkbox"/> VALVES _____          |
| <input type="checkbox"/> MAIN BEARINGS _____       | <input type="checkbox"/> ROD KIT _____         |
| <input type="checkbox"/> CRANK SEALS _____         | <input type="checkbox"/> BOYESEN REEDS _____   |
| <input type="checkbox"/> _____                     | <input type="checkbox"/> _____                 |

**ADDITIONAL SERVICES:**

- |   |  |
|---|--|
| <input type="checkbox"/> CLEAN POWER VALVES | <input type="checkbox"/> ADJUST RING END GAP |
| <input type="checkbox"/> _____              | <input type="checkbox"/> _____               |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_