



#1 – 1943 Broadway St., Port Coquitlam, B.C. V3C 2N2

Ph.- 604-464-3460

WORK ORDER

COMPANY NAME: _____

EMPLOYEE NAME: _____ DEPARTMENT: _____

YEAR: _____ MAKE: _____ MODEL: _____

WORK TO BE PERFORMED:

ADDITIONAL PARTS NEEDED: (Please indicate quantities if applicable.)

- | | |
|--|---|
| <input type="checkbox"/> PISTON KIT: (brand) | <input type="checkbox"/> TOP 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 |

OTHER: _____

COMMENTS:

Website: www.mongoosemachine.com

Email: info@mongoosemachine.com