

# Transmission Workshop Job Card Sheet

Job Card No.

Date

Time In

Time Out

Customer Name

Contact No.

Vehicle Make/Model

Registration No.

Mileage

Transmission Type

Technician

## Complaints / Work Required

## Diagnosis / Repair Performed

## Parts Used

Part Name/Description	Part Number	Quantity	Remarks

## Labour Performed

Description of Work	Labour Code	Hours	Technician

# Final Inspection / Test Drive

---

_____
Customer Signature
_____
Technician Signature
_____
Supervisor Signature