



Print Form

(This form must be included with the TDe-213 for invoicing)

VIN _____ Date In _____ Date Out _____

PSC Agency Billing Code _____ Agency / Institution Code _____
(Required) (For PSC Use Only)

Customer Name _____

Customer Contact _____ Phone Number _____

CUSTOMER QUALITY ASSURANCE CHECKLIST (Initials Required for In-Out)

	IN	OUT		IN	OUT
Headlights, Low Beam	_____	_____	AM/FM Radio	_____	_____
High Beam	_____	_____	Air Conditioner	_____	_____
Turn signals, left	_____	_____	Heater	_____	_____
Turn signals, right	_____	_____	Cigarette lighter	_____	_____
Flashers	_____	_____	Interior lights	_____	_____
Brake lights	_____	_____	Back-up lights	_____	_____
Power windows	_____	_____	Power door locks	_____	_____
Trunk lock	_____	_____	Power mirrors	_____	_____
Vehicle alarm	_____	_____	Cell phone	_____	_____
Horn	_____	_____			

Vehicle Body Damage

Technician (Print Name) _____ DC# _____
(Check-Out Technician)

Comments