En	gine Perforn	nance	Lab 1,	2, and	3 Name:			_ Date:_	Pe	er:	
Qty	Parts Description		7/3		The Bulldog Garage Hemet High School	e		79	#1000	_	
			55		41701 Stetson Avenue, Hemet, C.	A LS			3		
			*Customer Name					*Date			
			* 4 . 1 . 1					*Written By			
			*Address					*Promised			
			*0:4 04-4-	710				*Year			_
			*City, State, ZIP					*Make			
			Phone # Room # 15,4544					*Model	*License		
			FIIOHE#	Koom #	VIN#			*Mileage			_
			LABOR INSTRUCTIONS						AMOUNT		
			VIN number	interpretati					7		
			*In what country was the vehicle made?								
			*What is the vehicle year model?								
			*What is the manufacturing company?								
			Vehicle Service Information:								
			*What is this vehicle's engine configuration?								
			*What type of fuel delivery system is used on this vehicle?								_
			(for example: carburetion, multi-port fuel injection, mechanical injection, or throttle body injection)								_
			*What service precautions should be addressed considering the complaint below?								_
			Complaint #1 - Poor fuel economy, Codes P0304, P0131, and P0125 present.								_
			*Possible Causes -								_
			*Recommended Correction -								_
			1.000mmonada Odriodion								_
	TOTAL PARTS >										
			REPLACED PARTS REQUESTED BY OWNER? O Yes O NO Original Estimate A					Amount	mount Totals		
Qty	Fluids / Oil / Coolant	Amount				Original Estimate Amount			Labor		
					its of the Hemet High School automotive training						
			program to perform minor repairs on my vehicle for the purpose of training. I realize that this work will be done as a part of a training program, and while every Revised Estimate						*Parts		
			attempt will be made to perform a quality repair, the only warranty on the repair(s)						*Fluids		
S	SUBLET REPAIRS	Amount	will be north the parts manufacturer on the parts that I supply. I realize that there						*Tax		
			faculty, and employees of Hemet High School and Riverside County Regional Occupational program from all liabilities in relation to this work. Phone # Called						Towing		
									Sublet		
TOT	FAL CUDI ET DEDAIDO		Authorized By _ * Required fie	elds		Date	Time	Ву	T-4-1		
101	TAL SUBLET REPAIRS>		r toquirou iit						Total >	1	