



## Vehicle Repair Summary

### Moneytalk Financial Foundations & Automotive Motive Repair Shop



#### Automotive Repair Shop Information:

Repair Shop Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

#### Customer Information:

Name: \_\_\_\_\_

#### Repair Information:

Date vehicle dropped off: \_\_\_\_\_ Date vehicle released: \_\_\_\_\_

Repair Work Completed: \_\_\_\_\_

Remaining Safety Repairs: \_\_\_\_\_

Remaining Other Repairs: \_\_\_\_\_

#### Financial Information:

Enter the following amounts:

Total cost of repairs: \$ \_\_\_\_\_ Parts discounted or donated: \$ \_\_\_\_\_

Total discounts & donations: \$ \_\_\_\_\_ Auto Repair discount or donation: \$ \_\_\_\_\_

Amount paid by customer: \$ \_\_\_\_\_ Friend and/or Family donation: \$ \_\_\_\_\_

Remaining amount if any: \$ \_\_\_\_\_ MoneytalkFF donation: \$ \_\_\_\_\_

Specific sub-program donation: \$ \_\_\_\_\_

Name of supporting auto parts store: \_\_\_\_\_

Name of sub-program support: \_\_\_\_\_

If there is a remaining amount due, has the customer agreed to a payment plan?  Yes  No

#### Attachments:

Attach a copy to this Vehicle Repair Summary Report of the following documents (as applicable):

1. Repair service detailed receipt
2. Estimates provided for remaining safety related repairs and other repairs
3. Payment plan signed by customer and automotive repair shop authorized representative

#### Vehicle Assistance Summary Report Certification:

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Automotive Repair Representative:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Mail or deliver to Moneytalk Financial Foundations:

Deliver to:	Mail to:
Teresa McGarry's House: 5202 Round Prairie St, Shawnee, KS 66226	Re: Vehicle Assistance P O Box 860184, Shawnee, KS 66286