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| **CRATES & SKATES WORK SHEET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DELIVERY DETAILS** | | | | | | | | | | | | | | Job Number | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Project Manager | | | | | | Choose an item. | | | | | | | | Issue | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Delivery Date | | | | | | Click or tap here to enter text. | | | | | | | | Delivery Time | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Company Name | | | | | | Click or tap here to enter text. | | | | | | | | Scheduled Move Date | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Client Contact | | | | | | Click or tap here to enter text. | | | | | | | | Client Telephone | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Client Email | | | | | | Click or tap here to enter text. | | | | | | | | Client Reference | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Delivery Address | | | | | | Click or tap here to enter text. | | | | | | | | Site Contact | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Telephone | | | | | | | | Click or tap here to enter text. | | | | | | | |
| Delivery instructions | | | | | | Click or tap here to enter text. | | | | | | | | Accounts Info: Hourly ☐ Quoted ☐ Variation ☐ N/C ☒ | | | | | | | | | | | | | | | |
| Collection Address | | | | | | Click or tap here to enter text. | | | | | | | | Collection Date | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **CARTON, CRATES, SKATES & OTHER SUPPLIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cartons | | Half Crates | | | Full Crates | | | | Skates | | | | Security Ties | | | Zip Lock Bags | | | | Butchers Paper | | | | Bubble Wrap | | | | Tape | |
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| **LABELS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dark Blue |  | | Dark Green |  | | | Brown | | |  | | Black | |  | | | Red | |  | | White | | | |  | | Purple | |  |
| Light Blue |  | | Light Green |  | | | Orange | | |  | | Yellow | |  | | | Grey | |  | | Pink | | | |  | | Beige | |  |
| **VEHICLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | | | | | | | | Qty | | | Rego | | | | | | | Drivers Name | | | | | | | | Drivers Signature | | | |
| 3TT  MR  Van  Ute | | | | | | | |  | | |  | | | | | | |  | | | | | | | |  | | | |
| **SIGN OFF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Name | | | | | | | | | | | | | | | GAN Staff Name | | | | | | | | | | | | | | |
| Client Signature | | | | | | | | | | | | | | | GAN Staff Signature | | | | | | | | | | | | | | |
| **COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Note that as per the Goals A+N Relocation Proposal;**

* Security crates lost, damaged or missing will be charged at $100.00 + GST per security crate
* Skates lost, damaged or missing will be charged at $200.00 + GST per skate
* Any additional collections will incur a $300.00 + GST charge per collection

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| **GOALS A+N TIME SHEET  REMEMBER – NO CLIENT SIGNATURE, NO PAY!** | | | | | | | | | | | | | |
| **Date:** | |  | | | **TRUCKS:** | | | **Truck 1** | | **Truck 2** | | **Truck 3** | |
| **Job Number:** | | [Abstract] | | | **Rego Number/s:** | | |  | |  | |  | |
| **Company:** | |  | | | **Start Time: (AM/PM)** | | |  | |  | |  | |
| **Finish Time: (AM/PM)** | | |  | |  | |  | |
| **Time Sheet of** | | | | |  | | |  | |  | |  | |
| Office  Use  ONLY | **Staff Print Name\*** | | **Start Time\***  (24hr time) | **Finish  Time\***  (24hr time) | **Position** D - Driver  IT - IT  M - Mover  P – Packer  S – Supervisor | **Attended Toolbox  Talk** Yes/No | **Meal Break**  15 – 15 minutes  30 – 30 minutes  60 – 60 minutes | | **Crew Signature** | | **Supervisor Comments** | | **Staff Rating**  1 - Poor  2 - Below Average  3 - Average  4 - Above Average  5 - Outstanding |
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| **PM or Supervisor to Print name:** | | | | | | | **Signature:** | | | | | | |
| **\*Note: If any of the fields marked with an \* are filled out incorrectly or are incomplete, you will not be paid for that shift.** | | | | | | | | | | | | | |
| **Operations Manager print name:** | | | | | | | **Signature:** | | | | | | |

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| **CRATES & SKATES SHEET** | | | | | | |  | |
| **COLLECTION DETAILS** | | | | Job Number | | | [Abstract] | |
| Project Manager |  | | | Collection Date | | |  | |
| Company Name |  | | | Collection Time | | |  | |
| Collection Address |  | | | Site Contact | | |  | |
| Telephone | | |  | |
| Special instructions |  | | | | | | | |
| **Collection Number**  Office Use Only | Job Day  First Collection  Second Collection Additional Collection | | | | | | | |
| Collection Date | | Number Crates Collected | | | | Number Skates Collected | | |
|  | |  | | | |  | | |
| Are any items damaged? | | Crate Damage Description | | | | Skate Damage Description | | |
| **YES  NO** | |  | | | |  | | |
| **VEHICLE** | | | | | | | | |
| Description | | Qty | Rego | | Drivers Name | | | Drivers Signature |
| 3TT  Van  Ute | |  |  | |  | | |  |
| **SIGN OFF** | | | | | | | | |
| Client Name | | | | GAN Staff Name | | | | |
| Client Signature | | | | GAN Staff Signature | | | | |
| **COMMENTS** | | | | | | | | |
|  | | | | | | | | |

**Note that as per the Goals A+N Relocation Proposal;**

* Security crates lost, damaged or missing will be charged at $100.00 + GST per security crate
* Skates lost, damaged or missing will be charged at $200.00 + GST per skate
* Any additional collections will incur a $300.00 + GST charge per collection

Office Use Only: Crate Collection Sheet \_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_