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REPAIRS NEEDED

(All fields required-to be completed before calling into office)

INVOICE# _____

DATE: _____ JOB/LOCATION: _____ TECH: _____

EQUIPMENT TYPE: _____ MAKE: _____

MODEL: _____ SERIAL: _____

ISSUE FOUND: _____

NAME OF ONSITE MANAGER: _____

LABOR TO REPAIR: _____ HRS. (PLEASE ONLY ONSITE LABOR)

LABOR TO DATE: _____ HRS. + TRAVEL: _____ HRS

PARTS NEEDED:

SUPPLIER: _____

DESCRIPTION: _____ PART#: _____

DESCRIPTION: _____ PART#: _____

DESCRIPTION: _____ PART#: _____

DESCRIPTION: _____ PART#: _____

RECOVERY: YES ☒ OR ☐ NO IF YES, FREON TYPE: _____ ESTIMATED LBS: _____

WILL THERE BE ANY OTHER MISCELLANEOUS MATERIALS NEEDED (IF YES) PLEASE EXPLAIN:

ANY SPECIAL NOTES: _____

(ie....early start, late night, etc...)

(Customer E-mail)

(Contact Name)

(Phone)

(Billing Address)

(Physical Address)