Total Equip = \$

100



2

Panel Type: TS System Type: TS Whole Home TICKET #: 1234567 Date Ticket Created:04/01/17 CS Number: T2101234567 **Assigned To:** System User Rcvr #: 18011234567 **Account # 1234 Customer Name: Tam Cast** Primary Problem: Panel Died Customer Phone: 18019876543 Secondary Problem: None **Customer Address:** Problem Reported : No comunication with CS and panel not lighting up might 5000 w. 700 n. need a new transformer or check if the plug is working. Salt Lake City, Utah, 84044 Install Date: 01/04/14 Sales Name: Tanner Slaven Install Tech: Chance Book Time Dispatched: 0500 0530 Time Arrived on Site: 0700 Time Departed Site: Equipment Sent: Sent transformer and a new panel just in case nothing else Total Site Time: 1.5 **Work Performed:** This will be all the work performed. This should be multiple lines so there could be alot to note. The tech will know what to put here. **Equipment Used:** Part Number Qty Used Price Per Unit **Extended Price** Description 04 back door 01 \$45 \$100

Equipment List: (Zone# / Equipment Name / Location \*\*\*)

Service: Charges TOTAL PRICE

	Hours on Site: 1.5	Hourly Rate: \$100	)	Equipme	nt: \$1(	Tax: \$ 10 -	
Trip: \$ 150	. —	-					-
Technician Signatui	re:		Customer	Signatur	e:		
Technician Name:	Chance Brook		Customer	Name:	dan holburg		
		Date:		=			

Customer Loyalty: 855-973-3323 / www.lvytechs.com / customersupport@ivytechs.com

