

AUTOMATED IDEAS AND SOLUTIONS

360 MAGEE STREET | SOUTHAMPTON, NY 11968

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EMAIL TO: OFFICE@AUTOMATEDIDEAS.COM

CUSTOMER NAME: _____

DATE: _____

ADDRESS: _____

M T W Th F Sa Su

TOWN: _____

MATERIALS

TIME

QTY	PART #	SOURCE	DESCRIPTION	TECHNICIAN	DEPART TIME	BEGIN TIME	END TIME	TOTAL

TASKS PERFORMED

TIME	DESCRIPTION OF WORK
IS THE PROJECT COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please fill out Next Actions section on next page)	

SERVICE TYPE	T&M <input type="checkbox"/>	CONTRACT <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	HOLIDAY <input type="checkbox"/>	REMOTE <input type="checkbox"/>	ON-SITE <input type="checkbox"/>
SALES ORDER #				INVOICE #		<input type="checkbox"/> RTS

ADDITIONAL MATERIALS/TASKS

QTY/CAT	PART#/TIME	SOURCE	DESCRIPTION

NEXT ACTIONS

INSTRUCTIONS

Use separate PTO form for sick/personal/vacation time

Use separate on-call form for on-call hours

Use this form for remote and on-site emergency service calls

Use actual part numbers for materials

Indicate where materials came from in 'SOURCE' column. E.g. 'Truck Stock', 'Sales Order', etc..

Do not write in shaded areas