|  |  |
| --- | --- |
| **DEP Repair and Maintenance JOB SHEET** | **DEP RM-2** |
| R&M Contractor to complete and forward to DEP Work Unit with invoice |
| **Date of Request:** |    /    /      | **DEP Order Number/Job Number:** |       |
| **Date of Repair:** |    /    /      | **DEP ‘T’ Number:** |       |
|  |
| **Client Details** |
| Given Names: |       | Surname: |       |
| Contact Phone: |       | Address: |       |
| Location of Repairs: |       |
| State the R&M Request: |       |
| **Equipment Details** |
| Equipment Type: |       | Serial No: |       |
| Equipment Brand/Make/Model: |       |
| **Job Details** |
| Works above $300 for non-powered and $500 for powered nominated equipment items require a quote to DEP. If equipment is deemed as irreparable, complete Job Sheet and notify DEP for arrangements to return equipment. |
| **Prior To Commencing Work -** Is a quote to DEP required? | [ ]  | Yes | [ ]  | No |  |
| If **Yes,** send quote to DEP. Date quote sent: |    /    /      | If **No,** proceed with job |
| **DEP Approval Received?** | **[ ]**  | Yes - **Proceed** with job | **[ ]**  | No - **Do Not Proceed** with job |
| Description of work performed: |
|       |
| **Time Record** |
| Date |       |       |       |       |
| Start |       |       |       |       |
| Finish |       |       |       |       |
| Time Taken |       |       |       |       |
| **Materials Used** |
| Date | Item Description*(f used other parties please give details and company name)* | QTY | Cost$ | Total$ | Source*(DEP Parts / New / Other)* |
|    /    /      |       |      |       |       |       |
|    /    /      |       |      |       |       |       |
|    /    /      |       |      |       |       |       |
|    /    /      |       |      |       |       |       |
| Total $, Materials = |  |
| Technician Name: |       |
| Signature: |  | Date: |    /    /      |
| Client / Carer Name *(verifying work undertaken)*: |       |
| Signature: |  | Date: |    /    /      |