

# TWO WAY RADIO EQUIPMENT WORK ORDER

(Complete one work order for each equipment)

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Requestor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Supervisor's Signature: \_\_\_\_\_ Contact #: \_\_\_\_\_

(For Customer Owned Equipment, Dept. will be charged for all services requested)

Equipment Type: (Please Check all that apply)

Equipment Ownership:

Portable Serial Number: \_\_\_\_\_  
 Vehicle #: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Repeater/Base Station Manufacture Name: \_\_\_\_\_  
 Dispatch Console Property tag #: \_\_\_\_\_

NCCSI Leased  
 Dept. Purchased/Owned  
 NNTU Purchased & Assigned

Description of Service Request: (Please Check all that apply)

<input type="checkbox"/>	Removal
<input type="checkbox"/>	Installation
<input type="checkbox"/>	Not receiving
<input type="checkbox"/>	Not transmitting

<input type="checkbox"/>	Programming
<input type="checkbox"/>	Power problems
<input type="checkbox"/>	Antenna
<input type="checkbox"/>	Accessories

<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Equip. Return
<input type="checkbox"/>	Equip. Testing
<input type="checkbox"/>	Other:

Specify problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY NAVAJO NATION TELECOMMUNICATION & UTILITIES**

NNTU Job Ticket #: \_\_\_\_\_ Shopware Entry: \_\_\_\_\_  
 Customer Billing Account #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**TO BE COMPLETED BY NNTU RADIO TECHNICIAN**

Time Start: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Time Stop: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Miles Driven/Hours: \_\_\_\_\_ Manufacture Name: \_\_\_\_\_  
 Total hours spent: \_\_\_\_\_ Property Number: \_\_\_\_\_

Qty:	Item/Parts:	Description:	Price:	Amount:
Total:				

Work Completed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NNTU Signature/Date: \_\_\_\_\_ Customer Signature/Date: \_\_\_\_\_