

TWO WAY RADIO EQUIPMENT WORK ORDER

(Complete one work order for each equipment)

Department Name: _____ Date: _____
 District Name: _____
 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 #: _____

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: _____