



OVERNIGHT SHIPMENT REQUIRED: YES NO Technician Name: _____

Notify Tech Upon Material Arrival: YES NO Cell Phone #: _____ Radio Channel: _____

SUGGESTED VENDOR	Name		Task# / WO# / Job#	WO Priority
	Address		Budget	
	City, State, Zip Code		Building Name	
	Attn:	Phone	Fax	LO# / Release# / IBIS Doc#

--- HELP US TO HELP YOU --- HELP US TO HELP YOU --- HELP US TO HELP YOU --- HELP US TO HELP YOU ---

1. PRINT LEGIBLY 2. COMMUNICATE THOUGHTS CLEARLY 3. MORE INFORMATION IS BETTER THAN A LACK OF INFORMATION

QTY	UNIT	DESCRIPTION (PRINT)	UNIT COST	LINE COST

Deliver To (Bldg Name / Person): _____

MOTOR H.P.: _____ R.P.M.: _____ FRAME: _____ **TOTAL** _____

MOTOR HOUSING - WEATHERPROOF OR OPEN AIR: _____

WATTS.: _____ AMPS: _____ VOLTAGE: _____ PHASE: _____

MANUFACTURER (I.e. YORK): _____ SERIAL NO.: _____

THE ABOVE PARTS ARE FOR: TYPE OF EQUIPMENT (I.e. PUMP): _____ VOLTAGE: _____

MODEL NO.: _____ PHASE: _____

_____ PRINT EMPLOYEE NAME	_____ DATE	_____ SUPERVISOR SIGNATURE (\$2000 - \$3000)	_____ DATE
_____ EMPLOYEE SIGNATURE (TECH SERVICE \$0 - \$2000)	_____ DATE	_____ MANAGER SIGNATURE (\$3000 - \$5000)	_____ DATE
_____ DIRECTOR SIGNATURE (\$5000 +):		_____ DATE:	