

# JOB CARD

To be filled by Technician at the Job Site and signed by the Client representative

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<b>JOB NO:</b> _____  <b>JOB DATE:</b> _____	
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<b>CLIENT NAME</b>		<b>WORK ORDER / REQUISITION NO.</b>	
<b>ORDERING DEPARTMENT</b>		<b>LPO / CONTRACT NO.</b>	
<b>DATE OF WORK ORDER / REQUISITION</b>		<b>DATE OF JOB START</b>	<b>DATE OF JOB COMPLETION</b>

<b>JOB LOCATION/SITE</b>	
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<b>DESCRIPTION OF JOB DONE/COMPLETED</b>	
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<b>LIST OF MATERIALS USED (IF ANY)</b>	
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<b>TECHNICIAN'S REMARKS / RECOMMENDATIONS</b>	
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<b>JOB PERFORMED BY (TECHNICIAN'S NAME)</b>		<b>SIGNATURE</b>	
<b>JOB COMPLETION CONFIRMED/CERTIFIED BY</b>		<b>SIGNATURE</b>	