



**Broadcast** Technology  
 Solutions  
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Worksheet #: \_\_\_\_\_

Name	
Company	
Address	
City, State ZIP	
Phone	

Date(s):					
Time Arrived:					
Time Departed:					
Daily Hours:					
Total Hours:					

	Description	Solution

Qty.	Amount	Materials Used:	Extended Amt.
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total:</b>			\$

**Potential Issues and/or Suggestions:**


Technician Signature:  
 \_\_\_\_\_

Date:  
 \_\_\_\_\_

Customer Signature:  
 \_\_\_\_\_

Date:  
 \_\_\_\_\_