|  |  |  |
| --- | --- | --- |
| Enable_CMYK | **ENAS004** | **JOB CARD****Finance@enable.co.nz 0800 362 253**  |
| ***To be completed by the Equipment Subcontractor***  |
| **This job card is to be completed for any repairs and/or modifications to equipment funded through Enable New Zealand** |
| **EQUIPMENT DESCRIPTION** |
| **Make**  |       | **Model (if known)** |       |
|  |  | **Asset Number** |       |
| **CLIENT DETAILS** | **SUBCONTRACTOR DETAILS** |
| **Family Name** |       | **Name** |       |
| **First Name** |       | **Company Name** |       |
| **Date of Birth** |   /  /     | **Address** |       |
| **Street Address** |       | **Locality**  |       |
| **Suburb**  |       | **Email** |       |
| **Town/City/Post Code** |       | **Phone** |       |
| **Telephone Number** |       | **Fax** |       |
| **Pick up or delivery address** |       | **Mobile** |       |
|  |  | **Stamp if available** |
| **Contact Name**  |       |  |
| **REPAIR/MODIFICATION DETAILS**  |
| **Problem Identified** |
|       |
| **Details of Repair/Modification** |
|       |
| **If equipment is written off please provide explanation** |
|       |
| **Subcontractor Name** |       | **DATE IN** |    /   /      | **DATE OUT** |    /   /      |
| **INVOICE DETAILS**  |
|

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| --- | --- | --- | --- | --- |
| **Part** | **Number** | **Net (per unit)** | **+12.5%** | **Total** |
|       |       | $      | $      | $      |
|       |       | $      | $      | $      |
|       |       | $      | $      | $      |
|       |       | $      | $      | $      |
|       |       | $      | $      | $      |
|       |       | $      | $      | $      |
| Freight/Courier | $      | $      | $      |
| Subtrade  | $      | $      | $      |
| Labour  | **Hours** |       | **@** | $       | *(per hour)* | $      |
|  |  *(net amount)*  |
| Mileage Allowance (over 10km) | $      |  | $      |
| **Total excluding GST**  | **$** |
| **Enable New Zealand Order Number**  |  |

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| Enable_CMYK | **ENAS004** | **JOB CARD****Finance@enable.co.nz 0800 362 253**  |
| **PLEASE COMPLETE THIS SECTION** only if you have added a new asset number |
| **ASSET DETAILS**  |
| **Specifications** (*please tick all applicable*) |
| [ ]  Self propelling  | [ ]  Transit  | [ ]  Recliner  |  |  |
| [ ]  Powered  | [ ]  Left control  | [ ]  Right control | [ ]  Centre control |  |
| [ ]  Amputee  | [ ]  Left  | [ ]  Right  |  |  |
| Seat width  | [ ]  35cm | [ ]  40cm | [ ]  45cm  | [ ]  50cm  |
| Child’s seat width - specify |       | cm |
| Seat depth  | [ ]  Standard (40cm or 45cm) | [ ]  other  |       | cm |
| Arm rests  | [ ]  Desk  | [ ]  Full length |  |  |
| Foot rests | [ ]  Standard | [ ]  Elevating  | [ ]  Left/Right  |  |
| Other details and all other equipment types |  |
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| **MAINTENANCE CHECK** |
| **Tick to indicate if OK or Repair Repaired**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part**  | **OK** | **Repair Required** | **Part**  | **OK** | **Repair Required** |
| Armrests | **[ ]**  | **[ ]**  | Motor  | **[ ]**  | **[ ]**  |
| Upholstery | **[ ]**  | **[ ]**  | Batteries | **[ ]**  | **[ ]**  |
| Tyres  | **[ ]**  | **[ ]**  | Charger | **[ ]**  | **[ ]**  |
| Wheels | **[ ]**  | **[ ]**  | Electronics  | **[ ]**  | **[ ]**  |
| Castors | **[ ]**  | **[ ]**  | Other (identify below) | **[ ]**  | **[ ]**  |
| Brakes  | **[ ]**  | **[ ]**  |  |
| Frame  | **[ ]**  | **[ ]**  |  |

**Additional Comments**

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|       |

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