RAMIRENT

WORK ORDER / SHIPMENT LIST

Date _____

Customer	Work no.	Project no.
Worksite ID		
Worksite address		
Commissioner	Commissioner's phone no.	
Commissioner's e-mail		

MACHINE NO.	MACHINERY / MATERIAL	QUANTITY	UNIT	RENTAL	SALES	RETURN

Job description / additional information

SUPPLIED SERVICES								
Installer	Date	Regular hours	50%	100%	200%	Call-out fee	Travel (h)	Km

Auxiliary lifts

Transfers

_____
Date and place

_____
Date and place

_____
Signature of the supplier of services and name in block letters

_____
Customer's signature and name in block letters

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More than machines®

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