RAMIRENT

WORK ORDER

Duration ___ / ____ - ____ /____ 20 _____

Project no. _____

Customer _____ Work no. _____

Worksite _____ Commissioner _____

INSTALLER'S NAME	DATE	WORK HOURS (FROM) – (UNTIL)	NORMAL	50 %	100 %	CON-TRACT PRICE	OTHER COMPEN-SATION	TRAVEL ALLO-WANCE	KM ALLO-WANCE
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TOTAL									

Additional information / clarification _____

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_____

Transfers _____

_____

_____

_____

_____
Date and place

_____
Customer's signature

_____
Contractor's signature

_____
Customer's name in block letters

Ramirent Finland Oy
Tapulikaupungintie 37
00750 Helsinki

Phone 020 750 200
www.ramirent.fi
VAT no. 2077956-8

More than machines®