

JOB TYPE

- INSPECTION/SORT LIAISON QUALITY ENGINEERING REWORK
 REPACK SUB-ASSEMBLY TECHNICAL SERVICE WAREHOUSING

PROJECT CONTACT INFORMATION

COMPANY _____ **POSITION** _____

NAME _____

PHONE _____

EMAIL _____

PROJECT REQUIREMENTS

START DATE _____ **COMPLETION DATE** _____

INSTRUCTIONS _____

REQUIRED SAFETY REGULATIONS

- SAFETY GLASSES STEEL-TOE SHOES SAFETY VEST DUST MASK HEARING PROTECTION
 HARD HAT GLOVES _____ OTHER _____

COMPANY INFORMATION

COMPANY _____

NAME _____

PHONE _____

EMAIL _____

BILLING INFORMATION

P.O. # _____

NAME _____

PHONE _____

EMAIL _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PROJECT COST AGREEMENTS (IN USD)

TOTAL PERSONNEL SUPERVISOR/hour \$ WAREHOUSE/day \$

QUALITY LIAISON \$ INSPECTOR/hour \$ QUALITY LIAISON \$

ADMINISTRATION \$ TRUCKING/ ea. way \$