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JOB SHEET _____	
COMPANY: _____	
DATE: _____	JOB REFERENCE: _____
PHONE NO: _____	

QUOTE REQUIRED: YES / NO WARRANTY JOB: YES / NO
 PRODUCT MODEL NO: _____ SERIAL NO: _____

LIST PARTS INCLUDED WITH CONTROLLER BELOW (e.g. touch pad, o'rings???)

DESCRIPTION OF FAULT:

Office Use Only:

REPAIRS TO CARRY OUT:

PARTS USED				
QTY	PART#	DESCRIPTION		
LABOUR CHARGE				
	PRL	PRS	CRL	
WSL:	30min	60min	90min	120min
FREIGHT				
	PICK UP	SINGLE	DOUBLE	
FIXED GO AHEAD NO FAULT FOUND NOT WORTH REPAIRING				