

				ACTIVITY REPORT	
Customer/Agency		Point of Contact	Problem Description		
Location		POC Phone			
		ITG Call Number	Problem Solution		
City	State	Contract Number			
MFR	Model	Serial Number	Incident Complete	Activity Date	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Customer Deferred	<input type="text"/>	
Part Number	Description		QTY	Start Task	Odometer Reading
				Stop Task	Start <input type="text"/>
				Total Task Hours	Stop <input type="text"/>
				<b>To Site</b> Travel Start ----- Travel Stop -----	Total Odometer Mileage <input type="text"/>
				<b>From Site</b> Travel Start ----- Travel Stop -----	Door Code <input type="text"/>
Verify Serial #	Page Count			<b>ITG Internal Billable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
FE Signature: _____		Print Last Name	Authorized Customer Signature(Please verify time worked)		Date
			_____		

## Special Instructions: