# ACC/DSS Job Card & Purchase Order Request Form

This form is to be completed by the Equipment Subcontractor for any repairs, minor modifications, or purchase order requests relating to ACC or DSS equipment managed by Enable New Zealand.

**Please email the completed form to:**

**ACC:** [**accrepairs@enable.co.nz**](mailto:accrepairs@enable.co.nz) **DSS:** [**mohrepairs@enable.co.nz**](mailto:mohrepairs@enable.co.nz)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SUBCONTRACTOR DETAILS** | | | | | | | |
| **Company Name** | Company name | | **Job Reference** | | Job ref | | |
| **Email Address** | Email address | | **Phone Number** | | Phone number | | |
| **CLIENT / SERVICE USER DETAILS** | | | | | | | |
| **Name** | Client name | | **Funder\*** | | | **ACC**  **DSS** | |
| **Address** | Client address | | **NHI/Claim Number \*** | | | NHI/Claim # | |
| **Phone Number** | | | Phone number | |
| **REQUEST DETAILS** | | | | | | | |
| **Date Received** | Date | | **Job Requested By** | | Choose an item | | |
| **Requester Name \*** | Name | | | | | | |
| **Job Details** | Enter text here | | | | | | |
| **JOB, TECHNICIAN & EQUIPMENT DETAILS** | | | | | | | |
| **Technicians Name** | Name | | **Repair Type** | | Choose an item | | |
| **Asset Number** | Asset # | | **Supplier** | | Name | | |
| **Type/Description** | Type /Description | | **Make/Model** | | Make / Model | | |
| **Date Started** | Date | | **Date Completed** | | Date | | |
| **Current Visual Condition** | Visual condition | | **Probable Cause of Damage** | | Choose an item | | |
| **Technician Assessment Report** | Enter text here | | | | | | |
| **Technician Recommendations** | Enter text here | | | | | | |
| **Equipment Status** | **Temp Fix/Useable  Not Useable  Loan Supplied  Hire Required (ACC)** | | | | | | |
| **Attachments** | **Photos  Supplier Quote  Other** Enter text here | | | | | | |
| **Onsite Visit History** | **Date** | **Time In** | **Time Out** | **Work Detail** | | | |
| Date | Time | Time | Enter text here | | | |
| Date | Time | Time | Enter text here | | | |
| Date | Time. | Time. | Enter text here | | | |
| **SUBCONTRACTOR QUOTATION** | | | | | | | |
| **Supplier \*** | **Parts Description/Quote #** | | **Qty\*** | | **Cost per item \***  **(ex GST)** | | **Total cost**  **(ex gst)** |
| Supplier name | Enter text here | | Qty | | $0.00 | | $0.00 |
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| **Total Cost of Parts** | | | | | $0.00 | | |
| **Outsourced Work** | | | | | $0.00 | | |
| **12.5% margin on parts cost and outsourced work (maximum $150)** | | | | | $0.00 | | |
| **Freight** | | | | | $0.00 | | |
| **Test & Tag ($15)** | | | Qty | | $0.00 | | $0.00 |
| **Labour Hours ($85)** | | | Qty | | $0.00 | | $0.00 |
| **Travel Hours ($85)** | | | Qty | | $0.00 | | $0.00 |
| **Travel KM’s ($0.64) (Exclude first 10 KM’s)** | | | Qty | | $0.00 | | $0.00 |
| **Subtotal (ex gst)** | | | | | $0.00 | | |
| **GST** | | | | | $0.00 | | |
| **TOTAL** | | | | | **$0.00** | | |