

Appendix 6 Additional Cleaning Support Business Order Form

SITE DETAILS		
NAME:		
ADDRESS:		
Contact:	TEL:	FAX:
Requirement (underline as applicable): Customer Requirement / Machinery / Supplies, Repair Costs / Other (please specify)		
Variation No:		Cost Centre ETC:

DESCRIPTION OF WORK	PRICE
NETT (QCS Fax number is 01865 336399)	VAT
TOTAL	

CUSTOMER AGREEMENT OF REQUIREMENT
Signature: Name: Date:

WORK COMPLETED
Customer's Signature: Name: Date:

QCS USE ONLY
QCS APPROVED IMPLEMENTED DATE
DEBIT CODE INCOME CODE
CUSTOMER NO.....MATERIAL NO.....
SAP ORDER NO DATE
INV/RECHARGE NO DATE