



Assistive Communication Technology (ACT) Contractor Assignment Report

AGENCY / DIVISION						
ADDRESS			CITY		STATE	ZIP CODE
Telephone number (include area code) () <input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY <input type="checkbox"/> TEXT				EMAIL ADDRESS		
Assignment Summary						
APPOINTMENT DATE	START TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	END TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	TOTAL TIME:	HOURS MINUTES
Contractor Assignment (check all that apply to this appointment)						
	Number of Hours					Number of Hours
<input type="checkbox"/> Loop System Assessment			<input type="checkbox"/> Staff Training			
<input type="checkbox"/> FM system Installation			<input type="checkbox"/> Maintenance / Repair			
<input type="checkbox"/> Permanent Loop System Installation			<input type="checkbox"/> Return equipment / exchange			
<input type="checkbox"/> Temporary Loop System Installation						
ACT EQUIPMENT ASSIGNMENT NOTES						
CONTRACTOR'S SIGNATURE		DATE	PRINTED NAME			
ACT Equipment Assigned to Agency						
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
ACT Equipment Returned from Agency						
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
Model: _____	ACT Tag _____			S/N _____		
ACT PROGRAM SIGNATURE		DATE	PRINTED NAME			

