

## AGING AND LONG-TERM SUPPORT ADMINISTRATION OFFICE OF THE DEAF AND HARD OF HEARING

## Assistive Communication Technology (ACT) Contractor Assignment Report

AGENCY / DIVISION				
ADDRESS	(	CITY	STATE	ZIP CODE
		EMAIL ADDDESO		
Telephone number (include area code)  ( )	VP	EMAIL ADDRESS		
, voice	Assignment			
APPOINTMENT DATE START TIME	AM END TIM	LI AIVI	TOTAL TIME:	HOURS MINUTES
Contractor As	signment (check al	DM	annointment)	
Contractor As	Number of Hours		арропппп <del>е</del> пт)	Number of Hours
Loop System Assessment	Number of Flours	☐ Staff Training		Number of Flours
☐ FM system Installation		☐ Maintenance /	Repair	
Permanent Loop System Installation	<u></u>		ent / exchange	
☐ Temporary Loop System Installation			<del>-</del>	
ACT EQUIPMENT ASSIGNMENT NOTES				
CONTRACTOR'S SIGNATURE	DATE	PRINTED NAME		
	ACT Favings and Ac	signad to Agency		
	ACT Equipment As			
Model:	_ ACT Tag	ACT Tag S/N ACT Tag S/N		
Model:	-		S/N	
Model:	ACT Tag		S/N	
Model:	ACT Tag		S/N	
Model:	ACT Tag		S/N	
Model:	ACT Tag		S/N	
4	ACT Equipment Retu			
Model:	_ ACT Tag		S/N	
Model:			S/N	
Model:	ACT Tag		S/N	
Model:				
Model:				
Model:			'-	
ACT PROGRAM SIGNATURE	DATE DATE	PRINTED NAME	-····	<u> </u>

		Contracto	or Travel Summ	nary				
			Travel Log	<u> </u>				
FROM:			TO:			MILES	TRAVEL TIME (MINUTES)	
							HRS. MINS	
					TOTAL		:	
			vel Expenses					
Meals \$	Toll bridge \$	Car re	ntal	Train \$	Lodgin \$		odging	
Parking	Ferry	Airfare	<u> </u>	Bus	Φ			
\$	\$	\$		\$				
TRAVEL NOTE	S							
		Intern	oreter Services					
ASL	Tactile	Captioning	oning Spoken Language		VRI		Other	
\$	\$	\$	\$		\$		\$	