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|  |  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 |
| Telephone number (include area code)**(     )** [ ]  Voice [ ]  VP [ ]  TTY [ ]  TEXT  | EMAIL ADDRESS |
| **Assignment Summary** |
| APPOINTMENT DATE | START TIME  | [ ]  AM[ ]  PM | END TIME  | [ ]  AM[ ]  PM | **TOTAL** TIME: | HOURS MINUTES |
| **Contractor Assignment (check all that apply to this appointment)** |
|  | Number of Hours |  | Number of Hours |
| [ ]  Loop System Assessment |  | [ ]  Staff Training |  |
| [ ]  FM system Installation |  | [ ]  Maintenance / Repair |  |
| [ ]  Permanent Loop System Installation |  | [ ]  Return equipment / exchange |  |
| [ ]  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 |
| ODHH PROGRAM MANAGER NOTES |
| **Contractor Travel Summary** |
| **Travel Log** |
| FROM: | TO: | MILES | TRAVEL TIME (MINUTES) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL |  |  HRS. MINS.**:** |
| **Travel Expenses** |
| Meals**$** | Toll bridge**$** | Car rental**$** | Train**$** | Lodging**$** |
| Parking**$** | Ferry**$** | Airfare**$** | Bus**$** |
| TRAVEL NOTES |
| **Interpreter Services** |
| ASL**$** | Tactile**$** | Captioning**$** | Spoken Language**$** | VRI**$** | Other**$** |
| INTERPRETER NOTES |