



SERVICE SUMMARY TIMESHEET REPORT

Vendor Name:		FM-CO-MAT-035
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ENSCO PO Number:	EAM Service Order#:	EnSCO Dept. Requesting Service:
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Description of Service:

Start Date:	End Date:	Location:	Supplier Job Ref#	Notes:
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Summary of Charged time	Position	Days	Regular Hours Charged	OT Hours Charged	Travel time to rig	Travel time home (estimated)	Estimated Lodging nights	Dispatch City	Return City
Tech Name:									
Tech Name:									
Tech Name:									
Tech Name:									
Tech Name:									

Service Vendor final comments:	
EnSCO rep final comments:	

Is this warranty work? - Y or N	If Yes Explain:
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Submitted By Service Vendor Lead:	Name:	Title:	Date:	Signature:
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Work Reviewed By EnSCO rep:	Name:	Title:	Date:	Signature:
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