ENSCOROWAN

SERVICE WORK FINAL COST REPORT

Vendor Name:	**FM-CO-MAT-036**
EnscoRowan PO Number:	
Description of Service:	Warranty Y N

Start Date:	End Date:	Location:	Supplier Job Ref#	Notes:

Labor Charges	Technician Name	Position	Units (hours/OT Hours/Days)	Rate	Quantity	Notes	Extended Cost:
						Labor Total:	

Mileage	Departure City:	Destination City:	Miles:	Cost per mile:	Notes:	Extended Cost:
Leg 1						
Leg 2						
Leg 3						
Leg 4						
*mileage backup to be provided - preference is recognized online map service					Mileage Total:	

Rental	Equipment Type	Rate	Total Days		Extended Cost:
*Rental to only be charged while service hands are onboard				Rental Total:	

Billable Expenses	Expense Type	Date	Comments/Explanation:	Quantity	Rate	Extended Cost:
	Per diem					
	Meals					
	Travel expenses					
	Flights					
	Parking					
	Lodging					
	Other (Explain)					
	Other (Explain)					
	Other (Explain)					
	Other (Explain)					
*copy of backup must be provided					Expenses Total:	

IMPORTANT NOTE: This amount must match the FINAL amount for this service that the supplier will invoice	**GRAND TOTAL:**	

Service Vendor additional comments:	

EnscoRowan additional comments:	