

JOB CARD

Date:

Client Name:	<input type="text"/>
Job Address:	<input type="text"/>
Office Number:	<input type="text"/>
Cell Phone:	<input type="text"/>
Email address:	<input type="text"/>
Contact Name:	<input type="text"/>

Linear Contractors Limited
P.O. Box 2709 K'la, Uganda
Opp. Silver Spoon School
Kibuli
Contact: 0705887315

Please submit job card for each application trade

- Electrical IT Air Conditioners Security Systems Low Voltage Other

Scope of Work:

Print Name: _____ Signature: _____

Date: _____

OFFICE USE ONLY

Staff comments (if applicable): _____

Tech initials _____

Date & Signature: _____