|  |  |  |
| --- | --- | --- |
|  | **ENAS009** | **PURCHASE ORDER REQUEST****StoresAdmin@enable.co.nz Phone0800 171 995**  |

***To be completed by Subcontractors***

|  |
| --- |
| **SUBCONTRACTOR DETAILS** |
| Subcontractor Name |       |
| Technician Name |       |
| Phone |       | Fax |       |
| Email |       |
| **CLIENT DETAILS** |
| Client Name |       |
| Equipment |       |
| Asset Number |       |
| **Rationale (work required to be completed)** |
|       |
| **PART DETAILS (include full description / part number and supplier)** |
| **Parts Required** | **Description**  | **Part #** | **Supplier** | **Cost Price ex GST** |
|       |       |       |       | $       |
|       |       |       |       | $       |
|       |       |       |       | $       |
|       |       |       |       | $       |
|       |       |       |       | $       |
| **Plus 12.5% mark up on cost price****NB: the maximum amount for the 12.5% mark up is limited to $150 after which all parts are at cost price** | $       |
| **Total Cost of Parts**  | **$** |
| **Attachments (Photographs, etc)***
*
*
 |
| Total Parts (Cost BFD) | $       |
| Mileage | $       |
| Labour | $       |
| Freight | $       |
| **Subtotal** | **$**  |
| **GST** | **$**  |
| **Total** | **$**  |
| **PURCHASE ORDER NUMBER**  |  |

**Please Note**: Purchase Orders will only be actioned on receipt of this completed form.