

Vessel : Mumbai Office	Defect ID : 0	NCR # : /	Is NCR ? : Yes
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**Defect Details**

Incident Report test Description

Requisition Code :

**Categories**

Primary :	Incident	Inspector - Internal :		Vessel Dept :	Electrical
Secondary :	Procedures not Followed	Inspector External :		Office Dept :	Crew
		Inspection Date :			

**Applicable Dates**

Date Raised : 13-Oct-2021	ETC : 29-Oct-2021	Date Completed : 13-Oct-2021
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**Other Details**

Priority : Normal <b>Defect deferred to DD</b>	Assigned By : Vessel	Verified By :
Display in Daily Meeting? : Yes	SFI :	Verified On :

**Causes**

Causes :

**Corrective Action**

Causes :

**Preventive Action**

Causes :

**Applicable Tags**
**Personal Factors**

Inadequate Experience

**Follow Up**

On	By	Follow Up	
13/Oct/2021	Jot Support6	ETC has been changed from "13 Oct 2021" to "29 Oct 2021".	
13/Oct/2021	Jot Support6	Followup Details1	<a href="#">Link1</a>

**Before & After Pictures**

**Before**

**After**

**Your company Name**  
 [Your Company Slogan]  
 [Street Address]  
 [City, ST ZIP Code]  
 Phone [509.555.0190] Fax [509.555.0191]

**INVOICE**

INVOICE #[100]  
 DATE: OCTOBER 9, 2011

**TO:**  
 [Name]  
 [Company Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 [Phone]

**SHIP TO:**  
 [Name]  
 [Company Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 [Phone]

**COMMENTS OR SPECIAL INSTRUCTIONS:**

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL			
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			

Make all checks payable to [Your Company Name]  
 Payment is due within 30 days.  
 If you have any questions concerning this invoice, contact [Name, phone number, e-mail]  
 Thank you for your business!



**YOUR COMPANY  
 NAME AND LOGO**  
 123 Main Street  
 YOUR TOWN, STATE AND ZIP  
 PHONE: (123) 456-7890

No 123456 **Job Invoice**

DATE ORDERED	ORDER TAKEN BY
PHONE NO	CUSTOMER ORDER#
JOB LOCATION	
JOB PHONE	STARTING DATE
TERMS	

QTY	MATERIAL	UNIT	AMOUNT	DESCRIPTION OF WORK
				<b>MISCELLANEOUS CHARGES</b>
				<b>TOTAL MISCELLANEOUS</b>
				<b>LABOR HRS. RATE AMOUNT</b>
TOTAL MATERIALS				TOTAL LABOR

WORK ORDERED	TOTAL LABOR
DATE ORDERED	TOTAL MATERIALS
DATE COMPLETED	TOTAL MISCELLANEOUS
CUSTOMER	SUB TOTAL
APPROVAL SIGNATURE	TAX
AUTHORIZED SIGNATURE	GRAND TOTAL