**\*THIS CHECKLIST IS NOT AN APPROVAL OR ACCEPTANCE OF LABOR, NOR DOES THIS CHECKLIST GIVE ANY AUTHORIZATION TO PERFORM WORK ON ANY ACUITY PRODUCT.**

|  |  |
| --- | --- |
| DATE |  |
| Claim # |   |
| Order # |  |
| Fixture Description |   |
| Fixture Type |   |
| CI Code |  |
|  |  |
| Job Name |   |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the following information in your estimate or enter information below:**

|  |  |
| --- | --- |
| Contractor Company Name (required) |  |
| Contractor Email Address (required) |  |
| Contractor **Contact Name & Phone** |  |

|  |  |
| --- | --- |
| Expected Date of service |  |
| Deadline date, if any |  |
| Estimate number of hours to perform authorized work |  |
| Description of labor to perform |  **.** |
| Quantity |  |
| Rate per hour |  | Overtime Required? |  | Yes | **x** | No |
| Total labor quote |  |

|  |
| --- |
| Jobsite Conditions: (include any special circumstances. i.e. clean room, freezer, food processing etc.) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are additional materials required to be purchased in order to perform authorized labor? |  | Yes |  | No |
| If yes, please describe |  |
| Store receipt must be included. (required for equipment rentals, etc.) |
|  |

*\*\* Acuity will only reimburse for rented equipment or reasonable fees for equipment not on job site. Equipment available on site, owned or leased, is not allowable for reimbursement.*

*\*\*\* Labor includes only time and materials. Cost such as travel, tolls, burden, overhead, meals etc. will not be reimbursed.*

*\*\*\*\* Labor requests which are not pre-approved are subject to denial.*

*\*\*\*\* Please allow 2 Business days for a response; when urgent, please call Post Sales (Warranty) Team for faster service.*