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24 hours 7 days • 734.786.3355
support@dakotech.net

dakotech
servers • storage • networks • support

# Dakotech Time Slip

Client initials in _____

Name/support professional_____

Date (mm/dd/yyyy) _____

Customer/Job: _____

**Service Item Category:**

☐ Corporate Support ☐ DakoIT Services

☐ Consulting Services ☐ Dakotech

Time in: _____

Less N/B: _____

Time out: _____

**Total**: _____

**DT Purchased Hardware:**
QB purchase order entry for credit card purchases

☐ Backup _____

☐ Cable _____

☐ Hard Drive _____

☐ Memory _____

☐ _____

☐ _____

☐ _____

☐ Router/Firewall/Switch

_____

_____

**DT Purchased Software:**

☐ _____

☐ _____

☐ _____

☐ Office _____

☐ OS _____

☐ New ESET Subscriber (bill customer)

☐ Current ESET Subscribe (replace name from managed site) PC name_____

**Service Item:** multiple items require an approximate time entry & separate (same slip date) line items in QB with details in QB "notes."

| Check those that apply | Hrs. |
|---|---|
| ☐ Client Specific Clerical | |
| ☐ Consult Services | |
| ☐ Moving Services | |
| ☐ New Install Support | |
| ☐ Ph/Remote Support | |
| ☐ Premium Support | |
| ☐ Standard Support | |
| ☐ System Maintenance | |
| ☐ System Reload | |
| ☐ **Travel Fee** | **XX** |
| ☐ Tutorial | |
| ☐ Virus/Spyware | |
| **Total Hours** must = above cited time total | |

☐ Wiring – **jobs require own TS.**

☐ CAT 5/6 data cable (feet) _____

☐ Hubbell CAT 5/6 Data Jacks (qty)

_____

**Notes / Work Preformed:**

continue on back if necessary

**NOTICE!** By signing, I confirm the Dakotech representative was on site for the allotted time performing the tasks indicated. I have been instructed and understand that I am responsible for the following subjects: viruses, spy ware, Windows updates, and backups. I understand that a minimum of a one-hour charge may apply for all on-site visits, including a travel fee. Furthermore, I agree to the Dakotech Service Level Agreement (SLA) of which I have been provided a physical copy. SLA information can also be found at www.dakotech.net/sla.pdf detailing the labor rates. I certify that I am authorized to request Dakotech support services.

Print Name_____ Sign Name_____

☐No Signature Available (NSA) ☐No Signature Required (NSR)

**This document is used for invoicing. Do not pay now.**
**Photocopy for customer or fill out second form. DT support to retain original.**