

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

Contractor's 'On-Site' Record

C4-015

Name of contractor:

Supplier approval number:

Date	Order no.	Job detail	Arrival time	Depart time	No. of people	Contractor / manager signatures

1. This form should be used for each visit to the service by an approved contractor. This might mean more than one visit for an individual order number.
2. Before approving an order for payment, the manager should check to ensure that the time charged on the invoice tallies with the time on site.