



LOCAL 170 DISPATCH ORDER SHEET
FORM MUST BE COMPLETED IN DETAIL AND EMAILED
DIRECTLY TO: dispatch@ualocal170.com

TO CONTACT DISPATCH CALL

604.527.3222

DATE & TIME:

SITE REP EMAIL:

COMPANY:

PHONE NO.

FAX NO.

JOB LOCATION (and any special instructions):

SITE REP CELL:

ALTERNATE EMAIL:
(payroll dept, eg.)

PROJECT NAME:

E-MAIL
ADDRESS:

DATE OF TRAVEL:

TIME OF START:

DATE OF START:

REPORT TO:

TOTAL # OF: PLUMBERS

STEAMFITTERS

SPRINKLERFITTERS

PIPEFITTERS

OTHER: PLEASE SPECIFY

NAME REQUESTS 1.
2.
3.
4.
5.

6.
7.
8.
9.
10.

TOTAL # OF: WELDERS

LOCATION OF WELDING TEST

WELD PROCEDURE REQUIRED:

SPECIFY OTHER:

NAME REQUESTS 1.
2.
3.
4.
5.

6.
7.
8.
9.
10.

TOTAL APPRENTICES	TRADE	TERM	TOTAL APPRENTICES	TRADE	TERM
-------------------	-------	------	-------------------	-------	------

TOTAL APPRENTICES	TRADE	TERM	TOTAL APPRENTICES	TRADE	TERM
-------------------	-------	------	-------------------	-------	------

SPECIFY: APPROX LENGTH OF JOB	0 - 10 DAYS	MORE THAN 10 DAYS	# HOURS PER DAY
			# OF DAYS PER WEEK

SPECIFY: CAMP	OR MEMBERS OPTION:	FIRST CLASS ROOM AND \$	OR \$	PER DAY LIVING OUT ALLOWANCE
				MEAL ALLOWANCE PER DAY

PROVIDE NAME, TELEPHONE & FAX NUMBERS OF THE ACCOMMODATIONS TO BE SUPPLIED

NAME:	PHONE #	FAX #
-------	---------	-------

SPECIAL INSTRUCTIONS:

