

Authorized Signatory	Date:	<input type="text"/>	[ 10/7/2015 ]	Time:	<input type="text" value="01"/>	Hrs	<input type="text" value="00"/>	Mnts	<input type="text" value="AM"/>
Date/Time									
Verbal Instructions Received									
<b>Optional :</b>									
Assign using active assignment rules	<input checked="" type="checkbox"/>								
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Attach File"/>									

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