



K-Solve IT Solutions Limited

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Support Work Report

SWR No.:

Client Information

Client:

Contact:

Address:

Tel:

Fax:

E-mail:

Consulting Information

Consultant Name:

Place of Consulting: On-Site

Work Details

Task	Description	Date
1	PowerApps Training Day 1	
2	PowerApps Training Day 2	

Confirmed and accepted
Signed for and On Behalf Of
Customer Company

K-Solve IT Solutions Limited

Authorized Signature

Name:

Name:

Title:

Title:

Date:

Date:

*If no feedback within two weeks, this document will valid automatically and hours will be deducted accordingly.