



Network Engineering Technologies  
3140 Deming Way  
Middleton, WI 53562  
www.nettechnology.com

Vendor: 60426  
Purchase Order: 651080-1314312-05734  
Work Order: 1314312  
Service ETA: 9/2/2021 9:00 AM  
\*Purchase Order MUST appear on all invoices and  
emailed to apinbox@nettechnology.com or invoice will be  
rejected, Invoice must match this Purchase Order Receipt.

#### Site Location Information

**Customer:** CVS Pharmacy  
**Site Number:** 05734  
**Location:** Pharmacy  
2001 North 11th Street  
Reading, PA 19604  
(601) 921-1200  
**Site Contact:**

#### Technician Information

**Technician Name:** Jimmy Sergile  
**Technician Phone:** (347) 967-6996  
**Techs Manager:** Vendor Manager  
**Manager Phone:** 4058021262

**\*\*\* MUST CALL UPON ARRIVAL AND BEFORE SITE DEPARTURE \*\*\***

#### NET Contact Info:

Please Call: 1 608 827-2270 \*Your call will be handled in the order received\* The following Login information is needed: your name, Company Name, work order#, callback number(mobile#)

#### Scheduling

1 billable technician required Arrival Time: 9/2/2021 9:00 AM

#### Scope of Work

##### CVS Register 2021 Project

**At Login:** \*\*In order to ensure accurate onsite times, tech will need to log in with NET Support at (608) 827-2270 **DO NOT AUTO LOGIN.** and then immediately log in with CVS ROC CALL CVS\_ROC 888-401-4601, Option 6

**At Logout:** log out with CVS ROC CALL CVS\_ROC 888-401-4601, Option 6 ROC will provide you a log out code. Then immediately Log out with NET providing the CVS ROC code.

If the store personnel question the validity of this visit, the manager can call 866-528-7272, Option 1.4 (CVS Helpdesk) or can reference this CVS Help Desk ticket number: June & July INC10272631

PPE requirement: Use of Face Masks or Cloth Face Covers

SOW: Tech will replace Registers as described in the Redbook. Existing 742 model registers may be located in the Pharmacy or Front Store. Tech will need to work with CVS ROC to identify specific units that will require replacement. Note it will be important that tech records old serial numbers of each register replaced on Appendix provided.

Techs will need to replace some Register Memories too base on what was sent to site and per the completed survey. Please confirm the actual Register Number with CVS ROC where these will need to be replaced.

Tech will need to replace some Receipt Printers too based on what was sent to site. Please confirm the actual Register Number with CVS ROC where these will need to be replaced.

##### Required Scope of Work:

Register Replacement QTY - 2

Register Memory Upgrade QTY - 3

Affected Register # 1, 3, 14,  
Register Receipt Printer QTY - 1

Affected Register # 1



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**Materials:**

- cable tester
- cable toner
- label marker
- basic hand tools

**Required Pictures:**

- |                                |
|--------------------------------|
| 1. Each register unit replaced |
| 2. Overview photo of area      |
| 3. Return shipping label       |
| 4. Appendix A                  |
| 5. Appendix C                  |
| 6. Appendix D                  |

Call NET for any questions or concerns onsite.

Pictures must be emailed to dss@nettechnology.com, before tech is released from site. When sending pictures the email subject line must read "[xxxxxx]" where xxxxxx= WO ID found on Purchase Order; usually 6 digits long. \*\*\*IMPORTANT – Subject line must be enclosed in BRACKETS [ ] and not PARENTHESES ( ).\*\*

| Resolution |
|------------|
|            |

| Parts List. Total Parts: 4 |      |     |
|----------------------------|------|-----|
| PartName                   | Used | QTY |
| CVS Register Install       | Yes  | 2   |
| Trip Charge                | Yes  | 1   |
| CVS Register Memory        | Yes  | 1   |
| POS_Printer                | Yes  | 0   |

|                                           |                                          |                    |
|-------------------------------------------|------------------------------------------|--------------------|
| _____<br>Customer - Managers Name (PRINT) | _____<br>Customer - Managers Name (SIGN) | _____<br>Date Time |
| _____<br>Technicians Name (PRINT)         | _____<br>Technicians Name (SIGN)         | _____<br>Date Time |



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**MANDATORY SIGN OFF OF TECHNICIAN AND CUSTOMER CONTACT MANAGER**

**Sign Off does not release tech from the job site. Any questions need to be directed to NET Tech Support.**

REQUEST FOR QUOTE