Contractor’s LOGO HERE Date:

From: Contractor’s Data …………………..

To: Designated Point of Contact – EUMM Georgia

CONTRACT NUM. ………………………….

CONTRACT TITLE: Provision of Fleet Monitoring System Serices to EUMM Georgia

**MONTHLY REPORT on malfunctions of FMS**

**recorded during the period dd-mm-yyyy to dd-mm-yyyyy**

Summary of malfunctions\*:

|  |  |  |
| --- | --- | --- |
| **Failure type** | **Number of events** | **Total (specify units: distance, days, hours, seconds)** |
| Offline Devices |  |  |
| Loss of GPS Signal (Jumps) |  |  |
| Shortcuts |  |  |

\* Please refer to Annexes for details

EUMM Contract Manager Comments:

Accepted Not Accepted

The Contractor For EUMM

(Name and Signature) (Name and Signature)