

BSCP06/4.2

CVA Meter Reading Sheet

To: CDCA/Registrant	Date Sent: _____
From: Participant Details	
MOA ID: _____	Name of Sender: _____
Contact email address: _____	
Our Ref: _____	Contact Tel. No. _____
Name of Authorised Signatory: _____	
Authorised Signature: _____	Password: _____

MSID : _____ Circuit Name: _____

Main/Check: _____ Meter Serial Number: _____

Start Read		End Read	
Date:	Time:	Date:	Time:
Import MWhr		Import MWhr	
Export MWhr		Export MWhr	
Import MVARh		Import MVARh	
Export MVARh		Export MVARh	

Details of work carried out:

MSID : _____ Circuit Name: _____

Main/Check: _____ Meter Serial Number: _____

Start Read		End Read	
Date:	Time:	Date:	Time:
Import MWhr		Import MWhr	
Export MWhr		Export MWhr	
Import MVARh		Import MVARh	
Export MVARh		Export MVARh	

Details of work carried out:

MSID : _____ Circuit Name: _____

Main/Check: _____ Meter Serial Number: _____

Start Read		End Read	
Date:	Time:	Date:	Time:
Import MWhr		Import MWhr	
Export MWhr		Export MWhr	
Import MVARh		Import MVARh	
Export MVARh		Export MVARh	

Details of work carried out:
