

Work Order

Customer's Order No.	Phone	Order Date
Order Taken By	Starting Date	Servicer
Bill To	<input type="checkbox"/> Contract <input type="checkbox"/> Extra <input type="checkbox"/> Day Work <input type="checkbox"/> _____	
Address		
City - State - Zip		
Job Name / Location	Job Phone	

DESCRIPTION OF WORK

Comments	<input type="checkbox"/> Not Home <input type="checkbox"/> Paid Upon Completion <input type="checkbox"/> Bill Total Due	Total Materials	
		Total Labor	
		TAX	
		TOTAL DUE	

Date Completed	Work Ordered By
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I hereby acknowledge that work specified above has been satisfactorily completed. Signature _____