

Company Name

123 Your Street
Your City, ST, 01234
Phone: 123-456-7890

Work Order

| | | |
|----------------------|--|------------|
| Customer's Order No. | Phone | Order Date |
| Order Taken By | Starting Date | Service |
| 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

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

| | |
|----------------|-----------------|
| Date Completed | Work Ordered By |
|----------------|-----------------|

I hereby acknowledge that work specified above has been satisfactorily completed. Signature _____