

# 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  | Servicer   |
| Bill To              | <input type="checkbox"/> Contract <input type="checkbox"/> Extra<br><br><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              |  |  |
|          |   | <b>TOTAL DUE</b> |  |  |

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

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

Signature \_\_\_\_\_