[Company Name / Logo]

[Stress Address] [City, ST ZIP] Phone: [000-000-0000] Fax: [000-000-0000] [Web Address]

WORK ORDER

W.O. # : [123456] W.O. Date : 12/22/2010

Requested By: Customer ID: [abc1] Department:

JOB	BLLTO	SHIP TO (if different)	
[Enter description of work]	[Name]	[Name]	
•	[Company Name]	[Company Name]	
	[Stress Address]	[Stress Address]	
	[Oty, ST ZIP]	[Oty, ST ZIP]	
	[Phone]	[Phone]	

व्या	DESCRIPTION	TAXED	UNIT PRICE	LINETOTAL
15	Part XYZ	x	150.00	2,250.00
5	Hourly Labor for ABC (5 hours)		5000	25000
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-

SUBTOTAL 2500.00 TAXABLE Other Comments or Special Instructions 2250.00 TAXENTE 1. Total payment due 30 days after completion of work 6.835% TAX 154 69 2. Please refer to the W.O. #in all your correspondence H & 2 3. Please send correspondence regarding this work order to: [Name, Phone # Email] OTHER TOTAL Make checks payable to [Enter Company Name] l agree that all work has been performed to my satisfaction. Completed Date:

Thank You For Your Business!

Signature:

Date: