

WORK ORDER



Your Firm Info

1 Address St., State, City, Zip
 Phone (222) 333-4444
 Email: email-address.com

DATE		HOUR READING	
CUSTOMER'S NAME & ADDRESS			
PHONE NUMBER	P.O.#	INVOICE	

NATURE OF CALL

GEN.	MAKE	MODEL	SERIAL NUMBER
ENGINE	MAKE	MODEL	SERIAL NUMBER
ATS	MAKE	MODEL	SERIAL NUMBER

SERVICE DESCRIPTION:

- | | | |
|--------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Warranty | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Trips () |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Startup | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Annual | <input type="checkbox"/> Load Bank | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Semi Annual | <input type="checkbox"/> Routine | <input type="checkbox"/> _____ |

REMARKS

QTY.	MATERIALS	PRICE	AMOUNT

TECHNICIAN	HOURS	RATE	AMOUNT	TOTAL MATERIALS	
				TOTAL LABOR	
				MILEAGE	
				TRAVEL	
				TAX	
TECHNICIAN SIGNATURE _____					

I hereby acknowledge the satisfactory completion of the above described work.	<i>Thank You</i>
Print Name _____	Pay This Amount ▶
Customer's Signature _____	