

WORK ORDER

BUSINESS NAME / CONTRACTOR NAME

ADDRESS & PHONE

DATE

WORK ORDER #

CUSTOMER INFORMATION

NAME

SERVICE ADDRESS

PHONE / EMAIL

JOB DETAILS

START DATE / TIME

COMPLETION DATE

JOB TYPE (Plumbing, Electrical, Carpentry, etc.)

SCOPE OF WORK & LABOR

Description of Services Performed	Hours	Rate	Amount

MATERIALS & SUPPLIES

Item Description	Qty	Unit Price	Total

NOTES / RECOMMENDATIONS

Labor Total:\$

Materials Total:\$
Tax:\$
TOTAL DUE:\$

CUSTOMER SIGNATURE
CONTRACTOR SIGNATURE

Thank you for your business. Please make checks payable to the business name listed above.