

WORK ORDER / INVOICE

Business Name / Contractor _____

Address / Phone _____

DATE
ORDER #

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____

JOB LOCATION (IF DIFFERENT)

Address: _____

Contact: _____

Scheduled Date: _____

Description of Work / Materials	Qty/Hrs	Rate	Amount

NOTES / WARRANTY TERMS

All work completed in a professional manner. Parts and labor guaranteed for [] days.

Subtotal:\$ _____

Tax:\$ _____

Total:\$ _____

CLIENT SIGNATURE
CONTRACTOR SIGNATURE

Thank you for your business. Payment is due upon completion unless otherwise specified.