

WORK ORDER / INVOICE

Handyman Business Name
123 Service Lane, City, State
Phone: (555) 000-0000

No: _____
Date: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

JOB LOCATION (IF DIFFERENT)

WORK DESCRIPTION

Materials / Parts	Qty	Unit Price	Total
Labor / Service Description	Hours	Rate	Total

NOTES / TERMS

Payment is due upon completion.
Warranty on labor: _____ days.

CUSTOMER SIGNATURE

Material Total: \$ _____

Labor Total: \$ _____

Tax: \$ _____

Total Due: \$ _____

Thank you for your business!