

WORK ORDER / INVOICE

HANDYMAN SERVICES

NO.
DATE

PROVIDER INFORMATION

Name/Company: _____

Phone: _____

Email: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

DESCRIPTION OF WORK

Service / Task Description	Hours	Rate	Total

MATERIALS / PARTS

Item Description	Qty	Price	Total

Labor Total:

Materials Total:

GRAND TOTAL:

CUSTOMER SIGNATURE

HANDYMAN SIGNATURE

Terms: Payment due upon completion unless otherwise specified.