YOUR COMPANY NAME

Address City State Zip Phone and Fax Advertising Line

NAME									DATE OF ORDER	
ADDRESS									PHONE	
- PN-									DATE PROMISED	
JOB NAME / LOCATION									ORDER TAKEN BY	
DESCRIPTION OF WORK									☐ DAY WORK ☐ CONTRACT ☐ EXTRA	
QUAN.				DESCR	IPTION	J		PRICE	AMO	TNL
										1
LABOR		Н	HOURS RAT		AMOUNT		TOTAL MATERIALS			
							TOTAL LABOR			
WORK ORE	DERED B	Υ			DATE COMPLETED		Т	AX		
123	456		I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE WORK. SIGNATURE:					TOTAL		



