WORK ORDER

See a need, Fill the need

TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone]
[email]

SHIP TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone]
[email]

The following number must appear on all related correspondence, shipping papers, and invoices:

WORK ORDER NUMBER

TERMS

[Work order no.]

WORK ORDER DATE REQUESTED BY DEPARTMENT INVOICE # FOR BILL [Date]

STATUS	DESCRIPTION	HOURS	RATE	AMOUNT
Unit 1	Replace entry door			300
	Replace Bathroom light fixture			300
	Replace bathroom ceiling fan			200
	Hardwire smoke detector			50
Unit 2	Replace Outlet			50
	Replace door knob			100
	Replace bathroom ceiling fan			200
	Bathroom drywall			450
			SUBTOTAL	
			SALES TAX	
			S&H	
			OTHER	
			TOTAL	1650

PLEASE SEND TWO COPIES OF YOUR WORK ORDER.

Enter this order in accordance with the prices, terms, and specifications listed above.

SEND ALL CORRESPONDENCES TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone]
[email]

Authorized by Date

H & M services 205 W 15th St. #3 Minneapolis, MN 55403 USA Phone 612-598-9173 | [fax] lancekdholder@gmail.com | [Website]

WORK ORDER

See a need, Fill the need

TO

[Name] [Company Name] [Street Address] [City, ST ZIP Code] Phone [phone] [email]

SHIP TO

[Name] [Company Name] [Street Address] [City, ST ZIP Code] Phone [phone] [email] The following number must appear on all related correspondence, shipping papers, and invoices:

WORK ORDER NUMBER

[Work order no.]

WORK ORDER DATE REQUESTED BY DEPARTMENT INVOICE # FOR BILL TERMS [Date]

STATUS	DESCRIPTION	HOURS	RATE	AMOUNT
Unit 3	Replace outlet			50
	Install entry trim			200
	Replace door knob			100
	Repair Kitchen Cabinet drawer			100
	Switch + Outlet covers			50
Unit 4	Replace patio door			1000
	Place bathroom vanity Pipes			100
			SUBTOTAL	
			SALES TAX	
			S&H	
			OTHER	
			TOTAL	1600

PLEASE SEND TWO COPIES OF YOUR WORK ORDER.

Enter this order in accordance with the prices, terms, and specifications listed above.

SEND ALL CORRESPONDENCES TO

[Name] [Company Name] [Street Address] [City, ST ZIP Code] Phone [phone] [email]

Authorized by Date

H & M SERVICES [Street Address] [City, ST ZIP Code] [Country] Phone [phone] | Fax [fax] [email] | [Website]

WORK ORDER

See a need, Fill the need

TO

[Name] [Company Name] [Street Address] [City, ST ZIP Code] Phone [phone] [email]

SHIP TO

[Name] [Company Name] [Street Address] [City, ST ZIP Code] Phone [phone] [email] The following number must appear on all related correspondence, shipping papers, and invoices:

WORK ORDER NUMBER

003

WORK ORDER DATE	REQUESTED BY	DEPARTMENT	INVOICE # FOR BILL	TERMS
[Date]				

STATUS	DESCRIPTION	HOURS	RATE	AMOUNT
Unit 5	Hardwire smoke alarm			50
	Retile Bathroom			2000
	Replace Drywall (bathroom)			200
Unit 6	Replace outlet			50
	Replace window sill			200
	Replace subfloor			300
	Replace laminate flooring			1000
	Drywall repair			200
	Security latch install			50
			SUBTOTAL	
			SALES TAX	
			S&H	
			OTHER	
			TOTAL	4050

PLEASE SEND TWO COPIES OF YOUR WORK ORDER.

Enter this order in accordance with the prices, terms, and specifications listed above.

SEND ALL CORRESPONDENCES TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone]
[email]

Authorized by Date

H & M SERVICES [Street Address] [City, ST ZIP Code] [Country] Phone [phone] | Fax [fax] [email] | [Website]

WORK ORDER

See a need, Fill the need

TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone]
[email]

SHIP TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone]
[email]

The following number must appear on all related correspondence, shipping papers, and invoices:

1150

TOTAL

WORK ORDER NUMBER

004

WORK ORDER DATE	REQUESTED BY	DEPARTMENT	INVOICE # FOR BILL	TERMS
[Date]				

STATUS	DESCRIPTION	HOURS	RATE	AMOUNT
Unit 8	Repair Window frame			200
	Replace Bathroom door			300
	Replace entry door			300
	Hardwire smoke alarm			50
	Drywall repair			100
Unit 9	Toilet Repair			100
	Drywall repair			100
			SUBTOTAL	
			SALES TAX	
			S&H	
			OTHER	

PLEASE SEND TWO COPIES OF YOUR WORK ORDER.

Enter this order in accordance with the prices, terms, and specifications listed above.

SEND ALL CORRESPONDENCES TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone]
[email]

Authorized by Date

H & M SERVICES [Street Address] [City, ST ZIP Code] [Country] Phone [phone] | Fax [fax] [email] | [Website]