

H & M SERVICES

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
[Date]

REQUESTED BY

DEPARTMENT

INVOICE # FOR BILL

TERMS

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]

