

# JOB WORK ORDER

DATE OF ORDER

CUSTOMER'S ORDER NO.	PHONE	MECHANIC	HELPER	STARTING DATE
BILL TO			ORDER TAKEN BY	
ADDRESS			<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA	
CITY				
JOB NAME AND LOCATION		JOB PHONE		

DESCRIPTION OF WORK			
		TOTAL MATERIALS	
		TOTAL LABOR	
		TAX	
DATE COMPLETED	WORK ORDERED BY	TOTAL AMOUNT	

I hereby acknowledge the satisfactory completion of the above described work.	<input type="checkbox"/> NO ONE HOME <input type="checkbox"/> TOTAL AMOUNT DUE FOR ABOVE WORK; OR <input type="checkbox"/> TOTAL BILLING TO BE MAILED WHEN JOB FINISHED.
SIGNATURE:	

**ORIGINAL**

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**DUPLICATE**