

JOB WORK ORDER

| | | | |
|-------------------|--------------------|---|--|
| SOLD TO: | | DATE ORDERED: | |
| ADDRESS: | | STARTING DATE: | |
| CITY, STATE, ZIP: | | <input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA WORK ORDER | |
| PHONE: | | | |
| EMAIL: | | | |
| JOB LOCATION: | | | |
| JOB NAME: | | JOB PHONE: | |
| ORDER TAKEN BY: | CONTRACTOR'S NAME: | HELPER'S NAME: | |

| DESCRIPTION OF WORK | | | |
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| | | TOTAL MATERIALS | |
| | | TOTAL LABOR | |
| | | TAX & FEES | |
| DATE COMPLETED: | WORK ORDERED BY: | TOTAL AMOUNT | |

- NO ONE HOME BILLING TO BE MAILED TOTAL AMOUNT DUE

BY SIGNING BELOW, I ACKNOWLEDGE THAT THE WORK DESCRIBED ABOVE HAS BEEN COMPLETED TO MY SATISFACTION.

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| SIGNATURE: |
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ORIGINAL PRINT

MATERIAL RECORD

| QTY. | MATERIAL USED | PRICE | AMOUNT |
|--|---------------|-------------------------|--------|
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| JOB COMPLETED? | | TOTAL MATERIAL COST | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | LESS RETURNED MATERIALS | |
| DATE BILLED: | | NET COST OF MATERIALS | |

LABOR RECORD

| DATE | CONTRACTOR/HELPER | WORK DONE | HRS. | RATE | AMOUNT |
|------------------|-------------------|-----------|------|------|--------|
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| TOTAL LABOR COST | | | | | |

TOTAL RECORD

| | | | |
|---------------------|--|-------------------------|--|
| TOTAL MATERIAL COST | | TOTAL SELLING PRICE | |
| TOTAL LABOR COST | | LESS TOTAL COST | |
| SUBCONTRACTOR COST | | GROSS PROFIT (_____%) | |
| OTHER DIRECT COSTS | | LESS OVERHEAD (_____%) | |
| TOTAL COST | | NET PROFIT (_____%) | |