

JOB WORK ORDER & INVOICE

JOB NAME / #: _____

TO

DATE	PHONE NO.
JOB SITE LOCATION	
JOB SITE PHONE NO.	

DESCRIPTION OF WORK			
LABOR	HRS.	RATE	AMOUNT
TOTAL LABOR			
DATE STARTED			
DATE COMPLETED			
CUSTOMER APPROVAL SIGNATURE / DATE			
AUTHORIZED SIGNATURE / DATE			

QTY.	MATERIAL	UNIT	AMOUNT
TOTAL MATERIALS			
MISCELLANEOUS CHARGES			
TOTAL MISCELLANEOUS			
1 st PAYMENT \$	DATE	TOTAL LABOR	
2 nd PAYMENT \$	DATE	TOTAL MATERIALS	
3 rd PAYMENT \$	DATE	TOTAL MISCELLANEOUS	
4 th PAYMENT \$	DATE	SUBTOTAL	
5 th PAYMENT \$	DATE	TAX	
BALANCE \$		GRAND TOTAL	