

## Work Order

	hmond VA 23228 804-262-0662	Date:				
Custome	r:		Contact:			
Bill To:			Location:			
Purchase Order:			Phone: Email:	Fax:		
Equipme	nt Serviced					
Make: Serial #:			Model:			
Trouble F						
Labor Pe	rformed:					
Labor:hours @ \$155.00 per hour				Total Labor: \$		
Travel _	Hours @ \$11	0.00 per hour		Total Trav	el: <u>\$</u>	
		Parts Used / Equip	ment Sold:			
Qty	Part #	Descript	on	Price ea.	Total	
				Total Parts:	\$	
Technicia	an:					
Job Com	pleted?			Labor:	\$	
				Travel:	\$	
Visa / MC:				Parts:	\$	
Card #Code				_ Tax:	\$	
Name on Card:				_ Shipping:	\$	
Signiture		Total:	\$			

## Additional Parts Used / Equipment Sold:

Qty	Part #	Description	Price ea.	Total
			Total Parts:	\$