|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | To |  | Ship To |  | The following number must appear on all related correspondence, shipping papers, and invoices: |
| W.O. NUMBER:  |
|  |
| W.O. Date | Requested by | department | invoice # for bill | Terms |
|  |  |  |  |  |
|  |
| status | Description | Hours | rate | amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Subtotal |  |
|  | Please send two copies of your work order.Enter this order in accordance with the prices, terms, and specifications listed above.Send all correspondence to:Phone Fax  |  | Sales Tax |  |
| Shipping & Handling |  |
| Other |  |
| TOTAL |  |
|  |  |
|  | Authorized by | Date |