|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 |