

## JOB WORK ORDER

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

## DESCRIPTION OF WORK

		TOTAL MATERIALS:			
		TOTAL LABOR:			
		TAXES & FEES:			
		TOTAL AMOUNT:		\$	
DATE COMPLETED:		WORK ORDERED BY:			

## ☐ 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.**

**SIGNATURE: x**

MATERIAL RECORD

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

LABOR RECORD

DATE	CONTRACTOR/HELPER	WORK DONE	HRS.	RATE	AMOUNT
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 ( ____%)	