# WORK ORDER

| | | | |
|---|---|---|---|
| Business name | | License / reg. no. | |
| Address | | Phone | |
| Email | | Website | |

| | | | |
|---|---|---|---|
| Work order no. | | Date created | |
| Related estimate no. | | Customer PO no. | |

☐ Priority: Emergency / Urgent / Routine / Scheduled maintenance (circle one)

☐ Type: Service call / Repair / Install / Maintenance / Warranty (circle one)

| **CUSTOMER** | | | |
|---|---|---|---|
| Name / company | | Phone | |
| Billing address | | Email | |
| Preferred contact (call / text / email) | | | |

| **JOB SITE (if different from billing)** | | | |
|---|---|---|---|
| Site address | | Unit / area / room | |
| Access notes / gate code | | Site contact on the day | |
| Site contact phone | | Pets, parking or safety notes | |

| **SCHEDULE** | | | |
|---|---|---|---|
| Requested date | | Scheduled date | |
| Arrival window | | Assigned technician(s) | |

| **EQUIPMENT / ASSET (if applicable)** | | | |
|---|---|---|---|
| Equipment type | | Make / model | |
| Serial no. | | Location | |
| Asset or tag ID | | Under warranty? (Y/N) | |

| **REQUESTED WORK (what the customer asked for)** |
|---|
| |
| |

| **WORK PERFORMED (what was actually done)** | | | |
|---|---|---|---|
| | | | |
| | | | |
| Cause / findings | | Follow-up needed | |

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## PARTS AND MATERIALS

| Qty | Part no. / description | Unit price | Line total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | Parts subtotal | |

## LABOR

| Technician | Date | Time in | Time out | Hours | Rate | Total |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| Labor subtotal | | Trip / service fee | |
| Sales tax (if it applies) | | TOTAL | |

## PHOTOS AND ATTACHMENTS

- ☐ Before photos taken
- ☐ After photos taken (count: _____)
- ☐ Readings / test results attached
- ☐ Permit or inspection noted

## CHANGES TO THE ORIGINAL SCOPE

| | |
|---|---|
| Description of change | |

- ☐ Customer approved change (initials: _____)

## COMPLETION AND SIGN-OFF

- ☐ Job status: Completed / Partially completed / Return visit needed (circle one)

| | | | |
|---|---|---|---|
| Technician signature | | Date | |
| Customer signature | | Date | |
| Customer comments | | | |

## OFFICE USE

| | | | |
|---|---|---|---|
| Invoice no. | | Invoiced on | |
| Closed by | | | |

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