LOGO

Your business name

Address · Phone · Email

License #: _____

WORK ORDER

WORK ORDER #	
DATE	
TECHNICIAN	

CUSTOMER (NAME, PHONE, EMAIL)	JOB ADDRESS (GATE CODE, PARKING, PETS)
PROPERTY OWNER OR BILL TO, IF DIFFERENT	QUOTE / ESTIMATE # (IF ANY)

PROBLEM REPORTED BY THE CUSTOMER

Authorization to diagnose. I authorize the business above to inspect the problem described. Service call / diagnostic fee: $_____ . No repair starts until I approve the price. Customer initials: _____

WHAT WE FOUND

WORK PERFORMED

PARTS AND MATERIALS USED	QTY	NOTES (SIZE, MODEL, LOCATION)

TECHNICIAN	ARRIVED	LEFT	HOURS

PHOTOS TAKEN	PERMIT
☐ Before ☐ During ☐ After · How many: _____	☐ Not needed ☐ Needed · Permit #: _____

NEXT STEPS (RETURN VISIT, PARTS ON ORDER, RECOMMENDED WORK)

Status: ☐ Completed ☐ Return visit needed ☐ Waiting on parts ☐ Customer declined repair

TECHNICIAN SIGNATURE AND DATE	CUSTOMER SIGN-OFF: WORK DONE AS DESCRIBED, AND DATE

This work order is a record of the visit, not a bill. Prices are as approved on the quote above; an invoice follows.