YOUR COMPANY NAME

CLEANING SERVICES

Maul.	Oudou/	lmvoi oo	

Address CITY, STATE, ZIP CODE Phone Number To:			Work Order/Invoice			
			DATE OF ORDER	ORDER TAKEN BY		
			PHONE	WORK ORDERED E	ΙΥ	
			STARTING DATE/TIME	☐ DAYWORK	CONTRAC*	T EXTR
			JOB NAME/NO.			
			JOB LOCATION			
			-			
			INVOICE DATE	JOB PHONE		
				'		
WORK TO BE I	OONE	AMOUNT	MATERIALS A	ND EQUIPMENT		AMOUNT
						1
011		i				i
1///						1
						- 1
	11111	 				
		1			TOTAL	1
			OTHER	CHARGES		AMOUNT
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		<u>i</u>				<u>i</u>
						<u> </u>
	Jesse Plant	1				<u> </u>
		1				1
	- Amir	- !				
			TOTAL			
	HIIII O	i	LABOR	HRS	RATE	AMOUNT
Control Control		<u> </u>				1
						- 1
	TOTAL					
SPECIAL IN	STRUCTIONS					<u> </u>
						- !
				TOTAL	LABOR	
				TOTAL	WORK	<u> </u>
ERMS:			TOTAL N	MATERIALS/EQUI	PMENT	i
				TOTAL	WORK	- 1
I hereby acknowledge the completion of the above described work.			TAX			
AUTHORIZED SIGNATURE		DATE	PLEASE PAY	THIS AMOU	NT ▶	
M-797-3		LATE				nk Vo

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Thank You!