-	-	-	-
Fold at (>	to fit 771	DU-O-VUE	Envelope

## YOUR COMPANY NAME HERE

123 Main Street YOUR TOWN, STATE and ZIP

## Phone 123-4567

TO:			

## CLEANING SERVICES Work Order/Invoice 1001

	/				
DATE OF ORDER	ORDER TAKEN BY	ORDER TAKEN BY			
PHONE	WORK ORDERED BY	WORK ORDERED BY			
STARTING DATE/TIME	☐ DAYWORK	☐ CONTRACT	☐ EXTRA		
JOB NAMENO.					
JOB LOCATION					
INVOICE DATE	JOB PHONE				

	WORK TO BE DONE	AMOUNT	MATERIALS AND EQUIPMENT			AMOUNT
						- :
						- :
_		- :				- :
_						- :
					TOTAL	AMOUNT
			OTHER CHARG	SES		
						- :
		- : -				
_		- : -				
+		- : -				- :
						- :
			TOTAL			
			LABOR	HRS	RATE	AMOUNT
						- 1
	TOTAL	- : -				- :
		1		_		+
	SPECIAL INSTRUCTIONS			_		- 1
		TOTAL LABOR				
				TOTAL	WORK	
RMS:			TOTAL MATERI	ALS/EQUI	PMENT	
				TOTAL	work	
hereby ack	nowledge the completion of the above described work.				TAX	- :
		_				-

Thank You!