

212436

JOB WORK ORDER

BILL TO: Rob		DATE: 5/23	
ADDRESS:		START DATE:	
CITY, STATE, ZIP: MAC		<input type="radio"/> DAY WORK	
PHONE:		<input type="radio"/> CONTRACT	
JOB NAME:		<input type="radio"/> EXTRA ADD-ON	
LOCATION:		PHONE:	
CUSTOMER ORDER NO.:	ORDER TAKEN BY:	MECHANIC:	HELPER:

DESCRIPTION OF WORK			
- Baby swing loose bolts at seat 5/27/22			
- Big swing - missing washer at 6/3/22 seat.			
- Slide - screw missing at top. 6/2/22			
- Adult fitness monkey bars - top 6/1/22 Right front corner missing bolt.			
- Shelter near playground (mini pavillion) Graffiti 5/27/22			
- Pavillion by snack bar - Graffiti 6/1/22 on ground under table.			
		TOTAL MATERIALS:	
		TOTAL LABOR:	
		TAX:	
DATE COMPLETED:	WORK ORDERED BY:	TOTAL AMOUNT:	\$

NO ONE HOME
 TOTAL AMOUNT DUE
 BILLING TO BE MAILED

I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF WORK DESCRIBED ABOVE.

SIGNATURE: _____

(Rob Markin)