[Company Name]

Work Order Number: [50]

The number must appear on all related correspondence, shipping papers, and invoices

TO
[Name]
[Company]
[Street Address]
[City, ST ZIP Code]
[Phone]

SHIP TO
[Name]
[Company]
[Street Address]
[City, ST ZIP Code]
[Phone]

WORK ORDER DATE	REQUESTED BY	DEPARTMENT	INVOICE # FOR BILL	TERMS

STATUS	DESCRIPTION	HOURS	RATE	AMOUNT

Subtotal	
Sales Tax	
Shipping & Handling	
Other	
TOTAL	

You should send two copies of your work order.

Enter this order in accordance with the prices, terms, and specifications listed above.

SEND ALL CORRESPONDENCE TO:
[COMPANY NAME]
[STREET ADDRESS]
[CITY, ST ZIP CODE]
PHONE **[123.456.7891]** FAX **[123.456.7891]**

AUTHORIZED BY **DATE**