

LAB WORK ORDER

CONTRACTOR

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

CLIENT

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

PAYMENT

Down Payment: \$ _____
 Payment is Due: _____
 Total Amount: \$ _____
 Payment is Due: _____

SCHEDULE

Date: _____, 20____
 Work Order No.: _____
 Start Time (if any): ____:____ AM PM
 End Time (if any): ____:____ AM PM

SERVICE	HOURS	RATE (\$/HR)	AMOUNT (\$)
TOTAL			

PRODUCTS / MATERIALS	QUANTITY	UNIT PRICE	AMOUNT (\$)
TOTAL			

IN WITNESS WHEREOF, the Client agrees to pay the total amount when payment is due for the services requested and products / materials used. The Contractor agrees to provide the services in exchange for the total amount.

CLIENT'S SIGNATURE _____

Date _____

CONTRACTOR'S SIGNATURE _____

Date _____

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	

