

STAFFING AGENCY WORK ORDER

AGENT

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			

JOB POSITION / TYPE	QUANTITY	UNIT PRICE	AMOUNT (\$)
TOTAL			

IN WITNESS WHEREOF, the Client agrees to pay the total amount when payment is due for the services requested. The Agent agrees to provide the services in exchange for the total amount.

CLIENT'S SIGNATURE _____

Date _____

AGENT'S SIGNATURE _____

Date _____

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	

