



Customer:

Work Order Form.

Worker:

Phone: _____
Location: _____
Order Date: _____
Invoice Nr: _____

Phone: _____
Wage: _____
Court: _____
Bus.Reg.: _____

Task Description:

Signature: _____

Pos	Topic	Art. Nr.	Times	Single Price	Net Price
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____

Work Approved: _____

Work Time, Total: _____

Materials and Parts: _____

Federal Tax (MwSt): _____ % _____

Travel and Expenses: _____

Total Payment (due in 14 days): [] []



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