

COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

**CLEANING
WORK ORDER**

NAME	DATE ORDERED	DATE SCHEDULED
ADDRESS	SERVICE TECHNICIAN	
PHONE	<input type="checkbox"/> CARPET	<input type="checkbox"/> FURNITURE
TERMS	<input type="checkbox"/> OTHER: _____	

DESCRIPTION	SIZE	SQ. FT.	PRICE	AMOUNT
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			
	X			

PROOF

SPECIAL INSTRUCTIONS	TOTAL MATERIAL	
	TOTAL LABOUR	
	G.S.T./H.S.T.	
	PST	
	TOTAL	

QC 96-08 I hereby acknowledge the satisfactory completion of the above described work.

000001

SIGNATURE _____ Date _____