QUANTITY	PARTS & MATERIALS	UNIT PRICE	AMOUNT
		TOTAL PARTS	

95-02

REPAIR ORDER

COMPANY NAME
ADDRESS
ADDRESS
ADDRESS

AB 000001

20

CUSTOMER | PHONE | FAX

ADDRESS | ORDER NO.

JOB LOCATION | PHONE

INSTRUCTIONS

WORK DONE

SERVICED BY

HOURS ____ X PEOPLE ____ X RATE ____

The above work has been completed satisfactorily and I acknowledge my indebtedness as shown on right.

DATE: 20

CUSTOMER'S SIGNATURE:

TOTAL LABOUR	
TOTAL PARTS	
G.S.T./H.S.T.	
P.S.T.	
TOTAL	

PROOF

RECYCLABLE