



**ROMANOFF**

**SERVICE DATE:**


**JOB NO.**

Auth/P.O. #	Date of Order
Job Name / Location	

Technician	Date	Hours	Rate	Amount

**BILL TO:**

	Phone
	Order Taken By

Material	Amount

Description of Work

<b>Total Material</b>	<b>\$</b>
<b>Total Labor</b>	<b>\$</b>
<b>Service Charge</b>	<b>\$</b>
<b>Other</b>	<b>\$</b>
<b>Delivery Charge</b>	<b>\$</b>
<b>Subtotal</b>	<b>\$</b>
<b>Tax</b>	<b>\$</b>
<b>Thank You! Pay this Amount</b>	<b>\$</b>

*Regular Rate - 7:30-4:00 p.m.  
Overtime rates after 4:00 p.m. & emergency services.*

<b>Directions:</b>

Work Ordered By:	Date Completed
Signature: (I hereby acknowledge satisfactory completion of the above described work.)	

Technician Rate \_\_\_\_\_ Service Charge \_\_\_\_\_  
Technician O/T Rate \_\_\_\_\_ O/T \_\_\_\_\_