

WORK ORDER/BACK CHARGE

LDD Services Rendered



Customer: _____

Job Number: _____

Address: _____

Job Location: _____

Phone: _____

Date: _____

Description of Work:

LABOR:

Date	Category	Hours	Description of Task	(Office Use) Amount

(Labor categories include: Operator, Carpenter/Millwright, Cement Finisher, Laborer, Pipe Fitter, Painter, Welder and Technical Assistance)

EQUIPMENT:

Equipment Number	Attachments	Hours	Description of Task	(Office Use) Amount

MATERIAL:

Vendor Name	Material Description	Qty.	(Office Use) Amount

AUTHORIZATION:

The above items are provided based on requested services.

Signature: _____

Date: _____