

CITY OF WEST WENDOVER

P.O. Box 2825

West Wendover, NV 89883

Phone (775) 664-3081 • FAX (775) 664-3720

WORK REQUEST

TO:

| | | |
|--|------------------|--|
| DATE OF ORDER | ORDER TAKEN BY | |
| PHONE | | |
| JOB PURCHASE ORDER | | |
| JOB LOCATION | | |
| JOB PHONE | CUSTOMER ORDER # | |
| TERMS | | |
| DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER <input type="checkbox"/> | | |

WORK DESCRIPTION

| QTY. | MATERIAL | ITEM/PART NUMBER | LIST PRICE | AMOUNT | MISCELLANEOUS CHARGES | | | |
|-------------------------|----------|------------------|------------|--------|-----------------------|-------|------|--------|
| | | | | | LABOR | HRS | RATE | AMOUNT |
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| DATE COMPLETED | | | | | TOTAL | TOTAL | | |
| WORK COMPLETED BY _____ | | | | | TOTAL LABOR | | | |
| SIGNATURE _____ | | | | | TOTAL MATERIALS | | | |
| | | | | | TOTAL MISCELLANEOUS | | | |
| | | | | | SUB TOTAL | | | |
| | | | | | TOTAL | | | |