

# Work Order

Service Authorization and Completion Record

## 1. Work Order Information

**Work Order Number\***

WO-2024-001

**Date Created\***

dd/mm/yyyy



**Priority Level\***

-- Select Priority --



**Service Type\***

-- Select Service Type --



## 2. Client Information

### Client Name (Individual or Business)\*

John Smith or ABC Company

### Service Address\*

123 Main St, City, State, ZIP

### Billing Address (if different)

Leave blank if same as service address

### Primary Phone\*

(555) 123-4567

### Email Address\*

client@email.com

### Preferred Contact Method

-- Select Preferred Method --



### 3. Scheduling Details

#### Scheduled Date\*

dd/mm/yyyy



#### Scheduled Time Window\*

-- Select Time Window --



#### Assigned Technician\*

Technician name

#### Site Access Instructions

Gate code, parking notes, contact on arrival, etc.

## 4. Service Request Description

### Problem/Service Description\*

Describe the issue or service requested in detail

### Equipment/System Affected

Make, model, serial number if applicable

### Equipment Location

Basement, rooftop unit, etc.

### Pre-Existing Conditions Noted

Document any damage or conditions observed before work begins

## 5. Scope of Work

### Detailed Work Description\*

List all specific tasks to be completed (e.g., 'Replace failed capacitor on outdoor condenser unit, test system operation, verify refrigerant levels')

### Estimated Duration\*

2 hours

### Work Not Included

Clarify any limitations or exclusions

**Notice:** Work will be performed as described above. Any additional work requires separate written authorization.

## 6. Materials and Labor

### Materials/Parts Used\*

List item, quantity, and unit cost for each material

### Material Pricing Method\*

-- Select Pricing Method --

### Labor Hours\*

2.5 hours

### Labor Rate\*

\$85/hour

## 7. Pricing Summary

### Materials Total\*

\$150.00

### Labor Total\*

\$212.50

### Trip/Service Charge

\$50.00

### Other Charges

After-hours premium, permits, etc.

### Tax

\$0.00

### Total Estimate\*

\$412.50

### Estimate Type\*

-- Select Estimate Type --



**Notice:** If Estimate Type is "Estimate" or "Time & Materials," final charges may vary based on actual work performed and materials used.

## 8. Payment Terms

### Payment Due\*

-- Select Payment Terms --



### Deposit Required

\$100 or 25%

### Accepted Payment Methods\*

- Cash
- Check
- Credit Card
- Bank Transfer
- Other

### Late Payment Terms

1.5% monthly interest on balances over 30 days

## 9. Client Authorization (Before Work Begins)

### Authorization Confirmation\*

- I authorize the work described above
- I agree to the pricing and payment terms
- I confirm I have authority to authorize this work

**Legal Disclaimer:** By signing below, I authorize the service provider to perform the work described in this work order at the quoted price. I understand that additional work beyond the stated scope requires separate written authorization. I agree to pay for services rendered according to the payment terms stated above.

**Client Signature\***

**Date\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Client Printed Name\***

## 10. Change Order (If Applicable)

Complete this section only if additional work is discovered during service that was not included in the original scope.

### Additional Work Description

Describe additional work required

### Additional Cost

\$175.00

### Revised Total

\$587.50

### Change Order Authorization

I authorize this additional work at the stated price

### Client Initials

### Date

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

## 11. Work Completion Record

### Work Performed Summary\*

Describe actual work completed

### Completion Date\*

dd/mm/yyyy



### Actual Time On-Site\*

2.5 hours

### Final Amount Due\*

\$412.50

### Photo Documentation

- Before photos taken
- After photos taken
- Photos attached/uploaded

### Technician Notes

Recommendations, observations, follow-up needed

## 12. Client Acceptance & Completion Verification

### Work Completion Status\*

-- Select Status --



### Client Satisfaction

- I confirm the work has been completed to my satisfaction
- I have reviewed and received a copy of this work order

### Additional Comments

Any concerns or feedback

### Client Completion Signature

**Client Signature\***

**Date\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Client Printed Name\***

**Technician Signature**

**Technician Signature\***

**Date\***

**Technician Printed Name\***

**Warranty:** Work provided includes a 90-day warranty on labor. Parts are covered under manufacturer warranty where applicable.

**Contractor License #:** \_\_\_\_\_

**Record Retention:** This work order should be retained for a minimum of 3-7 years.