HANDYMAN WORK ORDER

Business Name: _____

Address: _____

Phone: _____

Work Order Form

Date: _____

Work Order Number: _____

Customer Account Number: _____

Customer Data

Name: _____

Address: _____

Billing Address: _____

Contact Information: _____

Additional Details: _____

Work Order Details

Work Order Number: _____

Order Date: ____ / ____ / _____

Scheduled Start Date: ____ / ____ / _____

Estimated Completion Date: ____ / ____ / _____

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High

Requested By: _____

Description of Work

Scope of Work (List tasks to be completed):

_____

_____

_____

_____

Materials Needed:

Material	Quantity	Cost per Unit	Total Cost

Estimated Labor Time (in hours/days): _____

Labor & Parts Cost Estimate

Labor Cost (per hour or flat rate): $ _____

Material Cost (subtotal): $ _____

Other Charges (e.g., travel fees): $ _____

Discounts (if applicable): $ _____

Subtotal: $ _____

Tax (if applicable): $ _____

Total Estimated Cost: $ _____

Authorization and Agreement

Customer Signature: _____

Date Signed: ____ / ____ / _____

Authorized Handyman/Technician Signature: _____

Date Signed: ____ / ____ / _____

Job Completion

Actual Completion Date: ____ / ____ / _____

Work Completed:

_____

_____

Additional Notes:

_____

_____

Customer Satisfaction Level:

- ☐ Excellent
- ☐ Satisfactory
- ☐ Needs Improvement

Customer Signature (upon completion): _____

Payment and Terms

Payment Due Date: ____ / ____ / _____

Late Payment Terms:

_____

_____