

200 E 15th Avenue
 P.O. Box 12442
 North Kansas City, MO
 64116-4022



Phone: (816) 421-2352
 Fax: (816) 421-0146

Job #	Customer P.O. #	Date:
Customer:	Department:	Phone:
Address:	Contact:	Fax:
City:	Electrician:	

LABOR								
Employee:	Code*	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Miles:								

*1 = Straight Time 2 = 1 1/2 X Straight Time 3 = Double Time 4 = Shift Time 5 = Travel Time

JOB EXPENSES			
Quantity	Description	Price	Amount

Description of work: _____	Labor	
_____	Material	
Work performed: _____	Miles	
_____	Other	
_____	TOTAL	

Customer Signature _____

Job Complete
 Job Incomplete

Date: _____

Credit Card Use Only:	Account #	- - -	Expiration Date:
I authorize my credit card to be deducted by TOTAL above:			Signature: _____

Original

24 HOUR SERVICE

Terms: Net 10 days, 1.5% after 30 days