

SAMPLE WORKORDER

Company Name
 Address
 WINNIPEG, MANITOBA
 Postal Code
 Phone: ___-___-___ Fax: ___-___-___

Invoice #:
 Invoice Date: (mm/dd/yy)
 Time: (__:__:__)

Page #

GST#: xxxxxxxxxx

Sales Person:

Customer#: xxxxx Contract/Purchase Order Number: _____
 Location:
 CITY OF WINNIPEG
 C/O FITNESS EQUIPMENT REPAIR
 7th FLOOR, 395 MAIN STREET
 WINNIPEG, MB R3B 3N8

Ship to/Location:
 XXX Pool
 XXX Anywhere Street
 Winnipeg, Manitoba
 XYX YXY

Work Order Number	Quantity	Contractor's Item Number	Product Equipment Description	Serial/ID Number	Sign-in Time and Date	Sign-out Time and Date	Unit of Measure	Repair Parts/ Unit Price	% Mark-up	Extension	Taxes
62	0.25	Labour	Labour	XX73	9:46 a.m. Dec. 13	9:57 a.m. Dec. 13	HR	10.00	N/A	2.50	GST
62	1	M0900639	817 Tension Belt Asmb	AFG 39	3:17 p.m. Dec 27	3:30 p.m. Dec 27	EA	15.72	YES	15.72	PST/GST
62	1	Mark up	30% Mark up	"	"	"	%	15.72	30%	2.36	PST/GST

Work Order Subtotal: _____ 20.58
PST: _____ 1.27
GST: _____ 1.45
Total: _____ 23.30

Invoice Subtotal _____
PST _____
GST _____
Total _____

Authorized Signiture by City: _____ *signature* _____