

PLUMBING WORK ORDER/INVOICE

1001



Specializing in Residential & Commercial Plumbing
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CHECK LIST	QTY.	ITEM OR PART DESCRIPTION	UNIT	AMOUNT
<input type="checkbox"/> WATER HEATER				
<input type="checkbox"/> ELEMENTS				
<input type="checkbox"/> THERMOSTAT				
<input type="checkbox"/> RELIEF VALVE				
<input type="checkbox"/> D.P. TUBE				
<input type="checkbox"/> ELECTRICAL CORN.				
<input type="checkbox"/> GAS WATER HEATER				
<input type="checkbox"/> THERMOCOUPLE				
<input type="checkbox"/> BURNER				
<input type="checkbox"/> CONTROL (GAS)				
<input type="checkbox"/> FLUE PIPE				
<input type="checkbox"/> RELIEF VALVE				
<input type="checkbox"/> TOILET				
<input type="checkbox"/> BALL COCK				
<input type="checkbox"/> FLAPPER				
<input type="checkbox"/> SUPPLY LINE				
<input type="checkbox"/> WAX SEAL & CLOSSET BOLTS				
TOTAL MATERIALS				

NAME _____
 STREET _____
 CITY _____ STATE _____ ZIP _____
 MAKE _____ MODEL _____ SERIAL NUMBER _____

DATE _____
 DATE ORDERED _____
 DATE SCHEDULED _____
 PHONE _____
 WARRANTY
 CONTRACT
 SERVICE CONTRACT
 NORMAL
 RES. COMM.

DESCRIPTION OF WORK	SERVICE
<input type="checkbox"/> DRAIN CLEANING	
<input type="checkbox"/> KITCHEN SINK	
<input type="checkbox"/> WASHER LINE	
<input type="checkbox"/> MAIN LINE	
<input type="checkbox"/> SATURDAY LINE	
<input type="checkbox"/> TUB OR SHOWER	
<input type="checkbox"/> KITCHEN SINK	
<input type="checkbox"/> SINK FAUCET	
<input type="checkbox"/> SINK DRAIN	
<input type="checkbox"/> GARBAGE DISPOSAL	
<input type="checkbox"/> AIR GAP	
<input type="checkbox"/> DW CONNECTIONS	
<input type="checkbox"/> TUB & SHOWER	
<input type="checkbox"/> TUB VALVE	
<input type="checkbox"/> TRIP LEVER	
<input type="checkbox"/> SHOWER DIVERTER	
<input type="checkbox"/> TUB OR SHOWER DRAIN	

LABOR	HRS.	RATE	AMOUNT
<input type="checkbox"/> NEW CONSTRUCTION			
<input type="checkbox"/> CURB/SPACE ROUGH			
DRAINAGE _____			
P.S.I. _____			
<input type="checkbox"/> SLAB ROUGH			
DRAINAGE _____			
P.S.I. _____			
<input type="checkbox"/> TOP OUT			
DRAINAGE _____			
P.S.I. _____			
<input type="checkbox"/> SEWER OR SEPTIC			
DRAINAGE _____			
<input type="checkbox"/> WATER			
P.S.I. _____			
<input type="checkbox"/> PRESSURE REGULATOR			
<input type="checkbox"/> BOOSTER PUMP			
<input type="checkbox"/> FINAL			
TOTAL LABOR			
RECOMMENDATIONS			
<input type="checkbox"/> COMMERCIAL REPAIR			
<input type="checkbox"/> FLOOR DRAINS			
<input type="checkbox"/> D/WASHER BOOSTER			
<input type="checkbox"/> GREASE TRAP			

TERMS _____

WORK ORDERED BY _____

I hereby acknowledge the satisfactory completion of the above described work.

X _____ DATE _____

Thank You

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
OTHER CHARGES	
TOTAL	