

[COMPANY NAME]
WORK ORDER
Your Company Slogan

TO	Name	SHIP TO	Name
	Title		Title
	Primary Address		Primary Address
	Address 2		Address 2
	Phone: 555-555-5555		Phone: 555-555-5555
	Fax: 555-555-5555		Fax: 555-555-5555
	E-mail: someone@example.com		E-mail: someone@example.com

W.O. Date	Requested By	Department	Invoice # For Bill	Terms

STATUS	Description	HOURS	RATE	AMOUNT

Please send two copies of your work order. Enter this order in accordance with the prices, terms, and specifications listed above.

SEND ALL CORRESPONDENCE TO:
[COMPANY NAME]
[STREET ADDRESS]
[CITY, ST ZIP CODE]
PHONE [###.###.####] FAX [###.###.####]

Subtotal	
Processing Fees	
Shipping & Handling	
Other	
TOTAL	

Signature	Date



Primary Business Address
Address 2
City, ST ZIP Code
Country

PHONE	###.###.####
FAX	###.###.####
E-MAIL	someone@example.com
WEB SITE	http://www.edrawsoft.com