



Work Order

E: _____ A: _____
 Closed: _____ Status: C NC CC

Date: _____ Case No: _____ SLA: _____
 In-person Telephone QA Production Sales Warranty

Company Name: _____
 Company Address: _____
 City: _____ State: _____ Zip: _____

Contact Information: Contact Name: _____
 Contact Number: _____ Alternate Number: _____
 Mobile Number: _____ Fax Number: _____
 Other Phone: _____ Email: _____

Short description of issue: (Use one work order per issue)

Help Desk Diagnostic: Time called: _____ Time End: _____ Tech: _____
 Troubleshoot calls 1st attempt: _____ Message No Answer
 2nd attempt: _____ Message No Answer

Site Visit Scheduled: Date: _____ Time: _____ Tech: _____
 Revisit: Date: _____ Time: _____ Tech: _____

Services Provided – Work completed

Time Arrived	Time Departed	Service Performed	Time
Total hours:			

Materials Provided – Materials used for case

Material	Qty	Price	Amount
		\$	\$
		\$	\$
		\$	\$
Subtotal:			\$

Total Charges

Materials Total:	\$
Total hours _____ x Billing rate: _____:	\$
Subtotal:	\$
Sales Tax (multiply above by .0825):	\$
Total Due:	\$

Charge Account Paid: Check No: _____

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Signed: _____ Date: _____
 Printed Name: _____ Title: _____

Office use only
 CRM Technician Production Department CRM Accounting

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