LANDSCAPING WORK ORDER

Company

Name: _____

E-Mail: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Customer

Name: _____

E-Mail: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Job Details

☐ *Same as billing address*

Service Address: _____

City, State, Zip: _____

Service Date: _____

Assigned To: _____

Order Details

Ordered By: _____

Priority Level: _____

Work Order #: _____

Date: _____

Service Description	# Hours	Rate	Amount
		Total:	

Materials	Quantity	Cost	Amount
		Total:	

Additional Instructions

Subtotal: _____

Tax: _____

Total Cost: _____