IRRIGATION WORK ORDER

CONTRACTOR	CLIENT		
COMPANY:	COMPANY:		
ATTN:	ATTN:		
ADDRESS:	ADDRESS:		
CITY, STATE:	CITY, STATE:		
ZIP:	ZIP:		
PHONE:	PHONE:		
E-MAIL:	E-MAIL:		
PAYMENT	SCHEDULE		
Down Payment: \$	Date:, 20		
Payment is Due:	Work Order No.:		
Total Amount: \$	Start Time (if any):: □ AM □ PM		
Payment is Due:	End Time (if any):: □ AM □ PM		
LABOR	HOURS	RATE (\$/HR)	AMOUNT (\$)
		TOTAL	
PRODUCTS / MATERIALS	QUANTITY	UNIT PRICE	AMOUNT (\$)
IN WITNESS WHEREOF, the Client agrees to pay the total amount when		TOTAL	
payment is due for the services requested and products / materials used. The			
Contractor agrees to provide the services in exchange for the total amount.		SUBTOTAL	
CLIENT'S SIGNATURE		DISCOUNT	
		TAX / VAT	
Date		TOTAL	
CONTRACTOR'S SIGNATURE			
Date			

