# Your Company Name Here

**1234 Main St.**

**Your Phone Number Here**

**Your Town, State and Zip**

**9001**

DATE _____

WORKMAN _____

Name _____ ☐ Owner ☐ Tenant

Bill To _____

Customer ☐ Old ☐ New

Job at _____

At _____

Classification _____

City _____ Zip _____

City _____ Zip _____

Telephone _____

| Nature of Work Ordered (DESCRIBE FULLY): | QUAN. | MATERIAL USED | EACH | AMOUNT | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Contractors are required by law to be licensed and regulated by the Contractors' State License Board which has jurisdiction to investigate complaints against contractors if a complaint regarding a patent act or omission is filed within four years of the date of the alleged violation. A complaint regarding a latent act or omission pertaining to structural defects must be filed within 10 years of the date of the alleged violation. Any questions concerning a contractor may be referred to the Registrar, Contractors' State License Board, P.O. Box 26000, Sacramento, CA 95826.

**TO OUR CUSTOMERS:** Service men are required to have work slip signed. This is done in order to protect you, the workmen, and ourselves, and to enable us to give you absolute satisfactory service. You are respectfully requested to examine material and labor statement before workmen leave the job, and if you find everything satisfactory, okay this ticket. If service is unsatisfactory, in any way, please phone our office immediately.

*"I find the time and material charged above satisfactory and agree to pay for same on presentation of invoice, and further agree to pay reasonable charges for collection, including attorneys fees in the event of my default."*

A PENALTY WILL BE CHARGED AT THE RATE OF 1 1/2% PER MONTH ON UNPAID BALANCES AFTER 30 DAYS OF INVOICE DATE. ANNUAL PERCENTAGE RATE 18%.

Signed _____

**Thank You**

| | | |
|---|---|---|
| Total Material | | |
| Tax | | |
| Service | | |
| Permits - Insurance | | |
| Trucks - Equipment | | |
| | | |
| | | |
| **TOTAL** | | |

**Form 31-L**

Copyright © 2002 by **REEVES BUSINESS FORMS** — P.O. BOX 3569, SUNRIVER, OR 97707 - **(800) 360-0321**