SUBMIT FORM

Wadsworth Electric

1715 Exchange Street • Astoria, OR 97103
503-325-5501 • Fax 503-325-2321 • Washington 360-642-8255

ORDER DATE	ORDER TAKEN BY
___/___/___	___ INITIAL

WORK REQUEST 26651

JOB #	BID	EST	T&M	NTE	DATE STARTED	DATE COMPLETED

CUSTOMER P.O OR AUTHORIZED NAME

EMAIL

BILLING/PROPERTY OWNER

PHONE

NAME ATTN:

ADDRESS

CITY, STATE ZIP CODE

JOB ADDRESS

NAME PHONE

ADDRESS

CITY, STATE ZIP CODE

WORK REQUESTED BY CUSTOMER / WORK COMPLETED BY ELECTRICIAN

CUSTOMER SIGNATURE **DATE** **ELECTRICIAN SIGNATURE**

BY SIGNING I AUTHORIZE THIS WORK & AGREE TO ALL TERMS AND CONDITIONS.

PROJECT STOCK MATERIAL AND PURCHASES

DESCRIPTION OR INVOICE #	QTY	PRICE	PER	EXTENSION
			TOTAL	

PROJECT LABOR

TECHNICIAN	WEEK ENDING	MO	TU	WE	TH	FR	SA	SU