



SEND INVOICE TO:
CLS Facility Services
 8061 Tyler Boulevard, Mentor, Ohio 44060
 www.clsfacilityservices.com
 Phone 800.548.3542 • Fax 800.615.0174

**SERVICE
 WORK
 ORDER**

LOCATION TO BE SERVICED

SCOPE OF WORK

HVAC

CLS P.O. # NOT TO EXCEED \$

WORK DONE PER SCOPE

ADDITIONAL WORK PERFORMED THIS TRIP TIME _____ HRS

CALL FROM SITE UPON COMPLETION 800.548.3542 OR FOR APPROVAL ABOVE YOUR NTE. CLS APPROVAL IS REQUIRED FOR PAYMENT.

QTY	CONTRACTOR-MATERIALS USED	QTY	CLS-MATERIALS USED	QTY	CUSTOMER MATERIALS USED

REPLACED PART(S) UNDER WARRANTY? YES NO

PLEASE FILL IN INFORMATION FOR EACH UNIT WORKED ON.

MFG. _____ MOD. _____ SER. _____ FILTERS _____
 MFG. _____ MOD. _____ SER. _____ FILTERS _____
 MFG. _____ MOD. _____ SER. _____ FILTERS _____
 MFG. _____ MOD. _____ SER. _____ FILTERS _____

TECHNICIAN

- JOURNEYMAN
- APPRENTICE
- HELPER

EQUIPMENT

- ROOFTOP
- CENTRAL
- WATER COOLED
- AIR COOLED

DESCRIPTION

- COOLING
- HEATING
- GAS
- ELECTRIC

TYPE OF CALL

- CONTRACT
- T & M
- EMERGENCY
- PLUMBING
- REFRIGERATION
- GENERAL REPAIR

SERVICEMAN'S NAME _____

HELPER'S NAME _____

TRAVEL TIME _____

TIME IN _____

TIME OUT _____

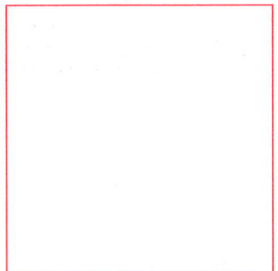
TOTAL HOURS _____

BEFORE LEAVING LOCATION, CALL CLS TO REPORT:

- JOB COMPLETE
- JOB NOT COMPLETE
- ADDITIONAL WORK NEEDED _____

OUR TELEPHONE NUMBER
800.548.3542

STORE STAMP



PLEASE DO NOT SIGN UNLESS ALL SHADED AREAS ARE COMPLETE

I FULLY UNDERSTAND THE SERVICE WORK PERFORMED AND IT HAS BEEN COMPLETED TO MY SATISFACTION

CUSTOMER SIGNATURE

DATE