



ADDRESS
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CLEANING WORK ORDER

NAME	DATE ORDERED	DATE SCHEDULED
ADDRESS	SERVICE TECHNICIAN	
	<input type="checkbox"/> FURNITURE	<input type="checkbox"/> FURNITURE
PHONE	<input type="checkbox"/> OTHER:	
TERMS		

DESCRIPTION		SIZE	SQ. FT.	PRICE	TOTAL AMOUNT
	X				
	X				
	X				
	X				
	X				
	X				
	X				
TOTAL INSTRUCTIONS			TOTAL MATERIAL		
			TOTAL LABOUR		
			G.S.T./H.S.T.		
			PST		
			TOTAL		

QE 96-08

I hereby acknowledge the satisfactory completion of the above described work.

000001

SIGNATURE

Date _____