ON THE BRINK HANDYMAN

REPAIRS | MAINTENANCE | IT SOLUTIONS

WORK ORDER

Work Order #: OBH-WO-

Date Issued:

Estimate Ref:

CLIENT INFO

Name:

Phone:

Email:

JOB SITE

Address:

City/State:

Access Notes:

SCHEDULE

Scheduled Start: **Est. Duration:** **Technician:**

SCOPE OF WORK

MATERIALS NEEDED

(client-supplied or to be purchased)

COMPLETION NOTES

(fill in after work is performed)

Actual Hours: **Date Completed:** **Follow-up Required?**

SIGN OFF

Client Signature: **Date:**

Technician Signature: **Date:**