

# Summit Property Services

312-B Lightfoot Road • Williamsburg, VA 23188


## Work Order Request Form & Invoice

Appointment: \_\_\_\_\_

POC: \_\_\_\_\_

Ph #: \_\_\_\_\_

**\* Work Orders will not be accepted with out required fields completed**

* <b>Date of Request:</b> _____		* <b>Target Date:</b> _____									
* Request made by: _____		* Approved by: _____		* Paid By: _____							
* <input type="checkbox"/> <b>Emergency</b> \$85 per hr - 24		* <input type="checkbox"/> <b>Priority</b> 48-72 hours \$70		* <input type="checkbox"/> <b>Standard</b> \$55.00 per hr		* <input type="checkbox"/> <b>Bid Only</b> Free		* <input type="checkbox"/> <b>Return</b>			
* <input type="checkbox"/> Residential		* <input type="checkbox"/> Commercial		* <input type="checkbox"/> HOA		* <input type="checkbox"/> Outside Program					
* Property Address: _____						* Unit #: _____					
* Homeowner Name: _____						* Commercial or HOA _____					
* Onsite POC/Tenant: _____						<input type="checkbox"/> No onsite contact:					
* Phone #: _____		Alternate Phone number _____				- -					
* Type of Problem: _____						* Problem Location: _____					
* Brief Description: _____						<b>Notify After Completion</b>					
						<input type="checkbox"/> Property Manager					
						<input type="checkbox"/> Homeowner					
						<input type="checkbox"/> Tenant					
* Preventative Maintenance		<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly		<input type="checkbox"/> Annually	
* Manager's Initial		<input type="checkbox"/> Enter without Tenant		<input type="checkbox"/> Call 30 minutes before arrival							
<b>↓Admin &amp; Maintenance use only↓</b>											
Appt: Confirmed: Y / N		Confirmed with: _____				Appt. date & time: _____					
* Work Order # _____		* Date of Completion: _____				* Completed by: _____ <small>(Initial)</small>					
		* Labor Cost: \$ _____		* Material Cost: \$ _____		* Inv. Amt: \$ _____					
* Total Labor Hours: _____		<small>Separated Hours</small>									
		JS _____		RA _____							
Worked Performed: _____											
Purchased at: <input type="checkbox"/> Lowes <input type="checkbox"/> Ace <input type="checkbox"/> Visa <input type="checkbox"/> Other _____											
In Stock: <input type="checkbox"/> Yes <input type="checkbox"/> No		Create Outside Invoice: <input type="checkbox"/>									
		Billing for Outside Program									
		Bill to:									
		Attn:									
		Address:									
		City / State / Zip									
<b>OWNER:</b> _____											
<b>PROPERTY:</b> _____											
<b>AMT:</b> _____											
<b>CODE:</b> _____											
<b>DATE:</b> _____											
<b>INITIALS:</b> _____											
MANAGER'S APPROVAL: _____											