P.O. Box 41866, Eugene Oregon 97404
541.505.9301 Ph – 541.689.4916 fx – www.ido.net

work order

Company:

Authorized Signer
Billing Address
Billing Address cont.
City, State and Zip
Phone
Fax
Email
Web Site

X **X**

Date: **Signature:**

Technician: _____
Round Trip Mileage Report:_____

Attachments: Map/Directions/Mileage

_____
_____

Purpose:

IDO USE ONLY

Date	Time In	Time Out	Total

IDO will call to confirm all work.The IDO staff will provide Company with an estimated time frame of how long it will take to complete each project and keep company informed of any additional hours that may be needed before performing those additional hours.

Billable hours may apply. Review maintenance agreement for your rate. If you have no maintenance agreement $95/hr will apply.

Date	Description	Time Spent