

WORK ORDER REQUEST TRI-STATE ENTERPRISES, INC.

2100 Leghorn Street, Mountain View, California, 94040 :: <http://3state.net> :: pm@state.net :: 650 210-0085

This form may be saved at any time while you are filling it in so you may complete it in stages. You may print this blank form, using the "Print Form" button, complete it and **fax it to 650 210-0086**. Or you may complete it on your computer, and either print it and fax it to us, or submit it via E-mail using the button at the end of this document.

Name: Date:

Street Address: Division:

City: Phone:

Billing Address:

City:

Appointment Time: Date:

Description:

Materials

P.O.#:	<input type="text"/>	Cost:	<input type="text"/>
P.O.#:	<input type="text"/>	Cost:	<input type="text"/>
P.O.#:	<input type="text"/>	Cost:	<input type="text"/>
P.O.#:	<input type="text"/>	Cost:	<input type="text"/>
P.O.#:	<input type="text"/>	Cost:	<input type="text"/>

Labor

Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>
Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>
Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>
Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>
Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>
Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>
Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>
Employee:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>

Completion Date: Billing Amount:

If you select Internet E-mail, please send to pm@3state.net Thank you!