Invoice Attachment

NG&G Facility Services, Int'l
263 JENCKES HILL ROAD - LINCOLN, RI 02865-4415
TEL: 1-800-556-6484 - FAX: (401) 333-2779

THIS ATTACHMENT MUST BE RETURNED TO NG&G WITH COMPLETED WORK ORDER

CUSTOMER/INSURED'S NAME	POLICY#CLAIM#/LOCATION	LOCATION CONTACT

LOCATION ADDRESS	TELEPHONE NUMBER

CITY	STATE	ZIP	WORK ORDER #	VENDOR INVOICE #

SERVICE PROFESSIONAL'S NAME	SERV PROF KEY	SERV PROF TELEPHONE	DATE DUE BY

	1ST TRIP	ADD'L TRIP
NUMBER OF MEN	_____	_____
TIME IN	_____	_____
TIME OUT	_____	_____
TRAVEL TIME	_____	_____
TOTAL # OF HOURS	_____	_____
HOURLY RATE	_____	_____
WAS WORK PERFORMED DURING REGULAR BUSINESS HOURS	YES / NO	YES/ NO
MATERIALS (SEE ADD'L SECTION)	_____	_____
TRAVEL/TRIP CHARGES	_____	_____
OTHER CHARGES – PLEASE LIST:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
SALES TAX	_____	_____
TOTAL JOB COST	_____	_____

PLEASE LIST MATERIAL:

DESC	MFG	MODEL /SERIAL#	QTY	UNIT PRICE	TOTAL AMT

WILL THERE BE ANY OTHER COST ASSOCIATED WITH THIS JOB? YES NO

WERE ANY MATERIALS LEFT AT THE STORE OR RETURNED? YES NO

COMMENTS:_____

_____

_____

_____

If you have a compatible form to use instead, please call x 3311 to discuss.