

Service Invoice-Report



2251 Rosselle Street | Jacksonville, FL 32204
 PH 904-387-7973 | FAX 904-394-7261 | www.wwgfp.com
 Gainesville - PH 352-380-0317 | FAX 352-378-1454

Bill to Name and Address:	Cust. Account No.	Cust. P.O.:	Service Report Date:
	Job Name and Address:		Job No.:
	Contact/Phone:		

INSTRUCTIONS:

WORK PERFORMED:

Quan.	Description of materials	Unit Price	Ext.	Labor Date	Tech-nician	Hours	Rate	Ext.
						ST		
						OT		
						ST		
						OT		
						ST		
						OT		
						ST		
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						ST		
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						OT		
						ST		
						OT		
						ST		
						OT		

Customer Signature: (Required)	Print Name:	Print Title:
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COMMENTS:	Performed by:	
	Work: <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed	Service Manager:
	<input type="checkbox"/> DNB	INVOICE AMT.
	LABOR	
	MATERIAL	
	TRUCK/FUEL CHG	
	EQUIP. RENTAL	
	FLAT RATE	
	FREIGHT	
	STATE TAX	
TOTAL NET		

W.W. Gay Fire & Integrated Systems, Inc. has performed this inspection and / or service as requested. We are not responsible for the existing system integrity, design layout, hydraulics or any other aspect of this system. We are not responsible for accidental gas discharges, alarm activation, associated equipment or device failures, damage to any equipment due to accidental shut down or testing of systems. Payment for services rendered is due within 30 days of invoice date. Late charges of 1.5% will be assessed monthly and any legal / attorney fees will be charged for all late payments and collections. Court Jurisdiction will be in Duval County, FL. There is a 2-Hour minimum for ALL service calls. A 2-hour minimum trip charge will accrue for cancellations/no shows upon technician arrival.