



Teleos

Management Group

Work Order Request

Vendor Name:

Contact

Street Address:

Phone Number:

City

State:

Zip Code:

FOR CUSTOMER:

Name:

Work Site Street Address:

Street Address Line 2

City

State

Zip Code

Date of Request

Date to be Completed

Description of work/repairs requested

COST ESTIMATE

Labor	<input type="text"/>	Contractor's Name:	<input type="text"/>
Materials	<input type="text"/>	Permit #	<input type="text"/>
Sub Total:	<input type="text"/>		
Adjustments	<input type="text"/>	** you must put a negative symbol in front if this should be subtracted.	
Amended	<input type="text"/>	** you must put a negative symbol in front if this should be subtracted.	
TOTAL:	<input type="text"/>		
Notes/Comments	<input type="text"/>		

FOR TELEOS MANAGMENT

Approved By:	<input type="text"/>	Teleos Management Group
Approved By:	<input type="text"/>	For District/HOA Board
Date of Post Completion Inspection	<input type="text"/>	Contractor's Ins. Co. <input type="text"/>

Work Order Approved for Payment and Set to Bookkeeper for Payment On:	<input type="text"/>	Check #
Bookkeeper Initials:	<input type="text"/>	Contractor's Lis/Permit #
		Contractor's Cert. of Ins.

If you would prefer to fax the form please chose the "Print Form" option, our fax # is 720-381-0000