



Slip / Tenant Work Order Request

Priority
(Please Check)

Urgent

Normal

Low

Other _____

Date: _____ **Customer Name:** _____ **Slip/Port #:** _____ **Account #:** _____

Telephone: _____ **Email:** _____

Work to Perform: _____

I do by authorize JHM to perform the services outlined above and to charge the cost of services to my JHM account. If I do not have a JHM account established, I will be required to pay at the time of completion.

Customer Name: _____ **Customer Signature:** _____

----- **Maintenance Use Only** -----

Work Order Assigned To: _____ **Start Date:** _____ **End Date:** _____

Total Hours: _____

Additional Laborers:

Name: _____ **Hours:** _____ **Name:** _____ **Hours:** _____

Additional Instructions: _____

The above work order had been completed. _____

(Dock Foreman)

----- **Office Use Only** -----

Total Labor Hours: _____ **Labor Hours Invoiced:** _____ @ \$65.00/hour **Total Labor:** \$ _____

Parts - Supplies	Quantity	Cost	Retail	Notes

Total Costs of Parts & Supplies: _____ **Total Invoiced:** _____ **Invoiced By:** _____