WORK ORDER FORM

LEISURE POOL & SPA SUPPLY INC.
Since 1982
800-583-7727

CLIENT:

Facility/Owner

Address

City | State | Zip Code

Phone | Cell

Date/Time of Order:	Date/Time Requested: ☐ AM ☐ PM M T W T F
Order Taken By:	PO#:
Assigned To:	Contact:
Work Order Type: ☐ Time/Material ☐ Authorized Contract ☐ Other:	Email:
Job Info: ☐ Indoor ☐ Outdoor ☐ Pool ☐ Spa ☐ Kiddy ☐ Mech.Room	Fax:
	Need a Key: ☐ YES ☐ NO / Gate Code:
Account Detail: ☐ Commercial ☐ Residential ☐ Open Account ☐ Credit Card ☐ C.O.D. ☐ Check	Door Number:

Pool Type:	Pump Model:	Filter Model:	Call Before: ☐ YES ☐ NO	Where is Breaker Box:	
Spa Brand & Model:	Heater Model:	Chlorinator Model:	Gallons:	Dimensions:	Surface Area:

Description of Problem:

Work Completed by Service Technician:

QTY.	ITEM#	MATERIALS

DATE	LABOR	HRS.
	TOTAL HRS.	

DATE	TRAVEL TIME	HRS.
	TOTAL TRAVEL HRS.	

Customer Present:

Water Fill Left: ☐ ON ☐ OFF

Technician Notified Who?:

Start Time: | Finish Time:

Expense Receipt(s) Attached:
1.
2.
3.
4.

Leisure Pool & Spa Supply, Inc. Technician(s) On Site During Job:

Completion Date

Date

Print Name
Leisure Pool & Spa Supply, Inc.

Authorized Print Name
Customer

Signature
Leisure Pool & Spa Supply, Inc.

Authorized Signature
Customer

Purchase Order #

Corporate Office:
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