



THIS IS NOT A BILL



Tech Services - Work Order

Enterprise Networks ENI

2092 NW Aloclek Dr., Suite 507, Hillsboro, OR 97124
Phone 503.523.1769 Fax 503.616.3589

WORK ORDER:**Client Billing Address**

Date - YEAR/MO/DY

Organization Name: Full Address: Phone: email: Assigned To:

Requested By:	DESCRIPTION OF WORK REQUESTED	HOURS	RATE	AMOUNT
<input type="text"/>	<input type="text"/>		\$ ph <input type="text"/>	
Work Completed:				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
			TOTAL	<input type="text"/>

This Contract constitutes the complete agreement between ENI and client. ENI and client have executed this Contract as of the day and year written below.

I the undersigned do hereby acknowledge the work and hours stated above to be accurate, and do hereby agree to pay ENI based on rate shown above. Payment must be made within 15 working days of receipt of invoice from ENI.

Name _____

Signed _____

Date _____

DO NOT PAY NOW. ENI will bill upon receipt of this form from your ENI consultant. ENI will invoice monthly.