

THIS IS NOT A BILL

Tech Services - Work Order

TACS - Technical Assistance for Community Services

1001 SE Water Ave., Suite 490, Portland, OR 97214
 Phone 503.239.4001 Fax 503.236.8313

WORK ORDER:

Client Billing Address

Date - YEAR/MO/DY

Organization Name:

Full Address:

Phone: email:

Assigned To:

Requested By:	HOURS	RATE	AMOUNT
DESCRIPTION OF WORK REQUESTED			
<input style="width: 95%; height: 95%;" type="text"/>		\$ ph <input style="width: 50px; height: 20px;" type="text"/>	
Work Completed:			
<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
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	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
		TOTAL	<input style="width: 100%; height: 25px;" type="text"/>

This Contract constitutes the complete agreement between TACS and client. TACS 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 TACS based on rate shown above. Payment must be made within 15 working days of receipt of invoice from TACS

Name _____

Signed _____

Date _____



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