

[Redacted], INC.

# WORK ORDER

NO: 221232

Date Done: 02/23/24

Customer Lower Saucon Township  
 Address 3700 Old Philadelphia Pike, To  
 PO Box \_\_\_\_\_  
 City, State, Zip Bethlehem, PA 18015  
 Phone 610-865-1161

Job Name Customer Pick Up  
 Job Site \_\_\_\_\_  
 Job Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Job Phone \_\_\_\_\_

<b>Ordered By</b> Dustin		<b>Taken By</b> CM		<b>Your Order #</b> Estimate		<b>Job #</b> Estimate		<b>Terms</b> NET 30		<b>Date Due In</b> 2/23/2024	
<b>Veh. Equip</b>	<b>YR</b>	<b>Make</b>	<b>Model</b>	<b>Vin/Serial#</b>			<b>Truck #</b>	<b>GVWR</b>	<b>Mileage</b>	<b>ST</b>	
	2008	Freightliner Corp	M2	1FVACWB538HAA9076				26000		PA	
<b>Equip</b>	2007	Dur-A-Lift	DTAXS-44FP	A8103			<b>Hr Mtr</b>	<b>Lic PI</b> MG-3173E			

GENERAL SERVICE: Estimate to replace broken rotator to bucket mount.

Quantity	Item #	Description	Price	Amount
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<b>Parts:</b> _____				
1.00	526-2102	Upper Basket Bracket Weldment (Standard Ribs)	789.60	789.60
<b>Misc:</b> _____				
1.00	HWD	Hazardous Waste Disposal Charge	5.00	5.00
<b>Labor:</b> _____				
6.00	LABOR		135.00	810.00

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_

Received By: X \_\_\_\_\_

I hereby acknowledge the satisfactory completion of the above described work.

Parts	789.60
Labor	810.00
Freight	0.00
Misc	5.00
Item Discount	0.00
Sub Total	1604.60
PA Sales Tax 0 %	0.00
<b>Amount Due:</b>	<b>1604.60</b>