

WORK ACKNOWLEDGEMENT FORM

PURCHASE ORDER NUMBER _____

STORE NAME AND NUMBER _____

JOB SITE ADDRESS _____

ON _____ WORK COMPLETED AT THE ABOVE LOCATION.

ISSUE

WORK PERFORMED

Obtain signature.

MATERIAL USED BY CONTRACTOR

ADDITIONAL WORK REQUIRED / RECOMMENDATIONS

THE FOLLOWING IS TO FILLED OUT BY AUTHJORIZED STORE REPRESENTATIVE

THE CONTRACTOR IS RESPONSIBLE FOR FILLING OUT THIS FORM AND OBTAINING THE SIGNATURE OF THE MANAGER OR DESIGNEE. SIGNATORY SHOULD CALL SERVICE COORDINATOR PRIOR TO SIGNING FORM IF THERE ARE ANY CONCERNS REGARDING THE WORK PERFORMED. SIGNATORY BELOW AUTHORIZES PAYMENT TO THE CONTRACTOR FOR PRODUCTS AND SERVICES RENDERED. THE SIGNATORY ACCEPTS RESPONSIBILITY FOR PAYMENT SHOULD THE DISPATCH ORIGINATOR FAILS TO PAY CONTRACTOR.

STORE REPRESENTATIVE _____

SIGNATURE _____

TITLE _____

DATE _____

STORE LOCATOR OR
CHECK DEPOSIT STAMP

CONTRACTOR IS NOT AUTHORIZED TO LEAVE ANY PAPERWORK AT LOCATION