



# SERVICE REPORT SIGN-OFF

Technician:

W.O. #

Division Manager:

Rates:

Initial NTE:

Customer Name:

Contact Name:

IVR Phone # | APP Usage Details

Check In Date:

Location Name:

Phone #:

Ext:

IVR. W.O. # .

IVR Pin #

Time In:

Service Address:

Standard      Overtime      Emergency      # Techs      Time Out:

City:

State:

Zip Code:

#HRS

# HRS

# HRS

TOTAL HOURS:

Check Out Date:

## Diagnosis / Scope of Proposed Work

QUALITY. SERVICE. DELIVERED

## Description of Work Completed



## JOB STATUS:

RETURN VISIT REQUIRED: Quote Needed

Awaiting Parts

Awaiting Equip

Revised NTE  
Amount:

ALL WORK COMPLETE: Ready To Invoice

Estimate Only

Warranty

## NTE REVISIONS:

Approved By:

I hereby authorize the services, products, repairs, and equipment detailed in this invoice. I understand that the initial price quoted does not include any additional or unforeseen tasks outside the scope of the work detailed in this invoice. I agree to hold ServeStar Plumbing harmless for parts deemed corroded, unusable, or damaged as a result of this repair. I agree to hold ServeStar LLC harmless for any potential losses or expenses incurred as a result of any work attempted or performed. I acknowledge responsibility for payment of all services rendered in the event that a third party contracting service fails to pay as agreed. I find the services performed, parts installed, products provided, and equipment used to be completed & accepted in accordance with this agreement. I certify that all times entered, # of technicians onsite, materials & equipment used and or provided detailed above to be accurate.

Customer Signature: X

Customer Name Printed:

Technician Signature: X

Technician Name Printed:

STORE STAMP:

N/A : Initials



**VISIT BREAKDOWN**  
**\*\*\* INTERNAL USE ONLY \*\*\***

**W.O. #**

**DATE:**

**TECH:**

<b>LABOR</b>	<b># SERVICE TECHS</b>	Standard	Overtime	<b>HOURLY RATE</b>	<b># HRS PER TECH</b>	<b>ITEM TOTAL</b>
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<b>MATERIAL</b>	<b>DESCRIPTION</b>	<b>ITEM COST</b>	<b># ITEMS</b>	<b>ITEM TOTAL</b>
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<b>EQUIPMENT</b>	<b>DESCRIPTION</b>	<b>RENTAL COST</b>	<b># ITEMS</b>	<b>RENTAL PERIOD</b>	<b>ITEM TOTAL</b>
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<b>TRIP FEE</b>
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<b>INCURRED TO DATE</b>	<b>INCURRED TOTAL:</b>	<b>CURRENT VISIT TOTAL:</b>	<b>COMBINED TOTAL</b>
LABOR			
MATERIAL			
EQUIP			
TRIP			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>