

Date Requested

9/22/2023



Standale Lumber Service Request

Manufacture	Contractor	Home Owner
	Name	Name
PO #	Address	Address
Standale Order #		
Ship Date	City	City
Line #	State Zip	State Zip
MFG Order #	Phone	Phone
	Contact	

Warranty

Non-Warranty

Problems/Comments	Illustration From Outside

S.H     CSMT     Slide-By     AWU     Door

Product Description				
Qty	Material Requested	Defect Type	Spacer Code	Charges

<b>Service Charges</b> Trip Fee _____ Labor Per Hour _____ Material _____ Sales Tax _____ Total _____	Start Time _____ AM	I authorize the above work to be completed and I agree to reimburse for that portion which is not covered under warranty. I acknowledge that any such payment is due immediately  Upon completion, I agree the above work has been completed to my satisfaction
	Finish Time _____ AM	
	Elapsed Labor	
	Hr _____ Min _____	
	Labor Rate	
	\$ _____ Hr _____	Customer Signature / Date _____ Initial Date _____
		Received Payment of: _____ \$ _____
		Completion Date _____ Serviceman: _____