Telecommunication Concepts, Inc

18300 NW 62nd AVE STE 130 Miami, Fl 33015
Ph: 305-628-1882 Fax: 305-628-2594

WORK ORDER/JCO

Date:

Name:		**Job Change Order #** **J-**	**Work Order #** **W-**
Address:		Site Contact	Phone Number
Address:		Alt. Contact:	Phone Number
City: Zip:	FL.	Distributor	Phone Number
Bill To:		**Purchase Order Number**	**Requested Completion Date:**
START TIME:			

CALL TYPE				
	Billable Service		Telephone PBX - KSU - V-Mail - Paging	
	Installation		Cabling - UTP - Fiber - Coax - Etc.	
	JCO/MAC			
	Warranty			

Scope of Work

Comments:

Service Labor Charge $123 for the First Hour, **Each** Additional Hour is Billed in **30 Minute** Increments @ $95.00 Per Hour

I ACKNOWLEDGE THAT THE ACTIVITY DESCRIBED HAS BEEN COMPLETED AND THAT THE EQUIPMENT INSTALLED IS READY FOR USE

Customer's Signature

Print Name Date

Print Name Date