

PLUMBING WORK ORDER/INVOICE

J & M PLUMBING INC.
 P.O. BOX 1986
 LEAGUE CITY, TX 77574
 713 875 7956

CHECK LIST	QTY.	ITEM OR PART DESCRIPTION	UNIT	AMOUNT
<input type="checkbox"/> WATER HEATER				
<input type="checkbox"/> ELEMENTS				
<input type="checkbox"/> THERMOSTAT				
<input type="checkbox"/> RELIEF VALVE				
<input type="checkbox"/> DIP TUBE				
<input type="checkbox"/> ELECTRICAL CONN.				
<input type="checkbox"/> GAS WATER HEATER				
<input type="checkbox"/> THERMOCOUPLE				
<input type="checkbox"/> BURNER				
<input type="checkbox"/> CONTROL (GAS)				
<input type="checkbox"/> FLUE PIPE				
<input type="checkbox"/> RELIEF VALVE				
<input type="checkbox"/> TOILET				
<input type="checkbox"/> BALL COCK				
<input type="checkbox"/> FLAPPER				
<input type="checkbox"/> SUPPLY LINE				
<input type="checkbox"/> WAX SEAL & CLOSET BOLTS				
<input type="checkbox"/> DRAIN CLEANING				
<input type="checkbox"/> KITCHEN SINK				
<input type="checkbox"/> WASHER LINE				
<input type="checkbox"/> MAIN LINE				
<input type="checkbox"/> LAVATORY LINE				
<input type="checkbox"/> TUB OR SHOWER				
<input type="checkbox"/> KITCHEN SINK				
<input type="checkbox"/> SINK FAUCET				
<input type="checkbox"/> SINK DRAIN				
<input type="checkbox"/> GARBAGE DISPOSAL				
<input type="checkbox"/> AIR GAP				
<input type="checkbox"/> D/W CONNECTIONS				
<input type="checkbox"/> TUB & SHOWER				
<input type="checkbox"/> TUB VALVE				
<input type="checkbox"/> TRIP LEVER				
<input type="checkbox"/> SHOWER DIVERTER				
<input type="checkbox"/> TUB OR SHOWER DRAIN				
<input type="checkbox"/> NEW CONSTRUCTION				
<input type="checkbox"/> CRAWL SPACE ROUGH				
<input type="checkbox"/> DRAINAGE				
<input type="checkbox"/> P.S.I.				
<input type="checkbox"/> SLAB ROUGH				
<input type="checkbox"/> DRAINAGE				
<input type="checkbox"/> P.S.I.				
<input type="checkbox"/> TOP OUT				
<input type="checkbox"/> DRAINAGE				
<input type="checkbox"/> P.S.I.				
<input type="checkbox"/> SEWER OR SEPTIC				
<input type="checkbox"/> DRAINAGE				
<input type="checkbox"/> WATER				
<input type="checkbox"/> P.S.I.				
<input type="checkbox"/> PRESSURE REGULATOR				
<input type="checkbox"/> BOOSTER PUMP				
<input type="checkbox"/> FINAL				
<input type="checkbox"/> COMMERCIAL REPAIR				
<input type="checkbox"/> FLOOR DRAINS				
<input type="checkbox"/> D/WASHER BOOSTER				
<input type="checkbox"/> GREASE TRAP				

DATE 7/25/10
 DATE ORDERED /
 DATE SCHEDULED /
 PHONE /
 NAME JEFF COBB
 STREET 6215 EGYPT DR.
 CITY PASADENA TX STATE TX ZIP 77505
 MAKE MODEL SERIAL NUMBER
 WARRANTY CONTRACT SERVICE CONTRACT NORMAL RES. COMM.

DESCRIPTION OF WORK / SERVICE

COMPLETE RE-PIPE / REMOVE ALL ACCESSORIES WERE PIPER BROKE UP WORK. REPLACE ALL STOPS & SUPPLIES / LOOK UP TO EXISTING FIXTURES. ALL WORK WARRANTED FOR 1 YEAR FROM THE DATE OF INSTALLATION. PIPE WARRANTED 20 YEARS / 100 YEAR LIFE EXCEPTIVELY FROM MANUFACTURER.

PAID CASH.

THANK YOU FOR YOUR BUSINESS!

LABOR	HRS.	RATE	AMOUNT
TOTAL LABOR			
MATERIALS			
TOTAL MATERIALS			
TAX			
OTHER CHARGES			
TOTAL 3900			

TERMS 281-615-2510-Away

WORK ORDERED BY Texas State Board Of Plumbing Examiners 929 East 41st St. 78751 [512 936 0637]

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

SIGNATURE [Signature] DATE _____

Thank You