



Capitol Light Maintenance

Work Order Number: _____

Store Address: (Vendor Must Fill This In)

Bill To:

<p>Status: _____</p> <p>Vendor #: _____</p>	<p>Capitol Light Maintenance 270 Locust Street Hartford, CT 06141 Phone: (800) 390-9440 Fax: (860) 560-8315 Web: www.clmhelp.com</p> <p>Type: _____</p> <p>NOT TO EXCEED: \$ _____</p>
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Work Performed: (Be VERY Specific, Give Details)

Materials Used: (Please List ALL Materials)

Note: Please call Capitol Light Maintenance **AFTER** you have finished the work stated above. This form must accompany your invoice - **NO PAYMENT** without this form, signed and stamped

Time In: _____ Time Out: _____ = Total Time: _____

Store Managers Signature

Date

STORE STAMP HERE

(That work was completed to your satisfaction)

Store Managers Name (Please Print)