								DATE WORKMAN		
Name					☐ Owner ☐ Tenant Bill To					
Job at										
City Zip				Zip		City	Zip	Telephone		
Nature	of Work C	rdered (D	ESCRIBE	FULLY):						
Time	From	То	Hours			MATERIAL USED			AMOUNT	
Mon.										
Tues.										
Wed.										
Fri.										
Sat.							HON			
Sat. Sun. Total Hours  CALIFORNIA VERSION  CALIFORNIA										_
Total Hours						CALIFORM				
ENTERED										
Invoice Journal Ledger Cards										
					TO OUR O	HETOMEDS, Coming man care as	guired to have work alic signed. This is done			
regulated by the Contractors' State License Board which has jurisdiction to investigate complaints					in order to a	UR CUSTOMERS: Service men are required to have work slip signed. This is done er to protect you, the workmen, and ourselves, and to enable us to give you absolute by the content of the	Total Material		_	
					ment befor	atisfactory service. You are respectfully requested to examine material and labor state- ent before workmen leave the job, and if you find everything satisfactory, okay this ticket. service is unsatisfactory, in any way, please phone our office immediately.		Tax		
against contractors if a complaint regarding a						"I find the time and material charged above satisfactory and agree to pay for same on presentation of invoice, and further agree to pay reasonable charges for collection, including attorneys fees in the event of my default."  Permit				
the date of the alleged violation. A complaint re- $\lim_{n \to \infty} \frac{p_n}{n}$										
tural defects must be filed within 10 years of the BALANCES AFTER 30 DAYS OF INVOICE DATE. ANNUAL PERCENTAGE RATE 18%.										
				on. Any questions con-	2.	d				_
cerning a contractor may be referred to the Registrar, Contractors' State License Board, P.O. Box										
1 26000	). Sacra	mento.	CA 9583	26		by		TOTAL		