



COMPLETION OF WORK



Service Date Service Start Time Service EndTime Calculated Service Time Charge For Time*

Description Of Service Above:					
Description Of Service Above:					

Product	Quantity	Unit Price*	Product Total Price*

CLIENT PO # _____

The Client acknowledges by signing below, that the work performed above is fully completed to the client's satisfaction; the client accepts all products listed above that have been delivered to the client, and applicable charges by Crandall Consulting, Inc. listed above. Client Authorizes and agrees to allow Crandall Consulting, Inc. to charge all services performed and items listed above on client's credit card. No Returns or Refunds. All sales are final.

*Client acknowledges above prices and totals do NOT include Florida sales tax, which may appear client's invoice as applicable by Florida State Law.

Business Name/Client

Signed and Agreed To By

This Date

Printed Name

Printed Title

FOR INTERNAL OFFICE USE

Invoice # _____ Date of Invoice _____ PO# _____ Processed By _____

Group A B C D E F