



31200 Bainbridge Road, Solon, OH 44139
Ph: (440) 248-3400 Fax: (440) 349-6980
www.WHGardiner.com

Work Order #

Call Type

Caller

Date Created

Purchase Order

Date Completed

Site Information**Billing Information****Work Requested****Equipment:****Model:****Manufacturer:****Serial Number :****Tech Name:****Equipment:****Model:****Manufacturer:****Serial Number :****Tech Name:****Equipment:****Model:****Manufacturer:****Serial Number :****Tech Name:**



31200 Bainbridge Road, Solon, OH 44139
Ph: (440) 248-3400 Fax: (440) 349-6980
www.WHGardiner.com

Work Order #

Call Type

Caller

Date Created

Purchase Order

Date Completed

Site Information**Billing Information****Equipment:****Manufacturer:****Tech Name:****Model:****Serial Number :****Equipment:****Manufacturer:****Tech Name:****Model:****Serial Number :****Equipment:****Manufacturer:****Tech Name:****Model:****Serial Number :**



31200 Bainbridge Road, Solon, OH 44139
Ph: (440) 248-3400 Fax: (440) 349-6980
www.WHGardiner.com

Work Order #	
Call Type	
Caller	
Date Created	
Purchase Order	
Date Completed	

Site Information	Billing Information

Recommendations

Customer Signature
<div></div> <p>Customer Name:</p> <p>Customer signature indicates acceptance of charges</p> <p>Location Upon Signature</p>



INVOICE

31200 Bainbridge Road, Solon, OH 44139
Ph: (440) 248-3400 Fax: (440) 349-6980
www.WHGardiner.com

Remit To: PO Box 74805, Cleveland, OH 44194-0888
www.WHGardiner.com

Bill To:

CLIENT ID:
INVOICE #:
INVOICE DATE:
DUE DATE:
BILLED THROUGH:
Site Address:

City of Newton Falls City Wide Energy

JOB ID:
PO #:

FIXED FEE ITEMS	CONTRACT AMOUNT	% COMPLETE	AMOUNT REMAINING	TOTAL BILLED TO DATE	AMOUNT PREVIOUSLY BILLED	AMOUNT THIS BILLING
-----------------	--------------------	---------------	---------------------	-------------------------	--------------------------------	------------------------

Contract Amounts

PLEASE REMIT TO:

Gardiner Service Company
PO Box 74805
Cleveland, Ohio 44194-0888

Total Invoice