

Invoice

First Class Glass & Mirror, Inc.

1513 Industrial Drive
Itasca, IL. 60143
630-250-9777
630-250-9727



DATE	INVOICE #
6/13/2025	24620

BILL TO
TRUE SOURCE 263 JENCKES HILL RD. LINCOLN , RI. 02865-4415 800-556-6484 FAX# 800-334-5277

SHIP TO
DICKS SPORTING GOODS #00311 21830 WEST LONG GROVE DEER PARK IL 60010

P.O. NO.
02779415

QUANTITY	DESCRIPTION	AMOUNT
1	INITIAL SERVICE CALL	150.00
2	24 X 72 X 1/4 CLEAR TEMPERED CUSTOM CUT W/ POLISHED EDGES	650.00
2	24 X 60X 1/4 CLEAR TEMPERED W/ POLISHED EDGES	500.00
1	36 X 36 X 1/8 CLEAR MIRROR	260.00
1	SINGLE SIDED GREY TAPE	160.00
1	RETURN TRIP	80.00
	LABOR	900.00

ALL PAYMENTS MUST BE MADE 45 DAYS AFTER INVOICE DATE OR A
15% LATE FEE WILL BE APPLIED

Total \$2,700.00

TrueSource

Work Order Acknowledgement

WO #: WO-02779415 Order # 04417670

DATE ISSUED: 05/02/2025 07:59 AM

Service Level		SITE Name & Number:	DICKS SPORTING GOODS (Site #00311)
Priority:	72 Hour Response	Site Address:	21830 WEST LONG GROVE DEER PARK IL, 60010
Tech ETA Date/Time:	5/6/2025 8:28 AM	Site Contact #:	(800) 000-0000
		Customer Tracking #:	Ref. #312150893

****This form must be signed and stamped on-site and returned to TrueSource with your Invoice****

****Submit your Work Order Acknowledgment, Invoice, and any other required documents as separate attachments****

Problem Reported

FRONT END / CASHWRAP / Roof, Glass, Window, Mirror / Mirror replacement / Sales floor mirror broken / our sunglass countertop door mirror is shattered

Action Required While On-site (Work Plan Line Item)

CHECK IN AND OUT OF THE CUSTOMER IVR = 5165007776 PIN #26875 - WO # 312150893; (EQUATES TO BILLABLE LABOR HOURS)

Documents required for payment remittance (Vendor's Invoice, Work Order Acknowledgement)

Locate the manager on duty and review equipment to be serviced

Capture before and after photos

Capture make, model, serial number, and meter reading (if applicable) for equipment service

Complete required dock or door survey (if applicable)

Locate the manager on duty for review of the repairs performed - test unit for operational satisfaction

Secure a signed work order acknowledgment from the manager on duty - must contain arrival and departure times, legible signature (first and last name), and store stamp

Documents required for payment remittance (Vendor's Invoice, Work Order Acknowledgement)

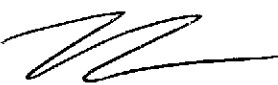
For Additional Funds - Please submit an On-Site NTE Request through Affiliate Connect

DESCRIPTION OF WORK PERFORMED

X Austin Pilaski

/ Abu Rabi

☐ Further Work Required / Quote Needed ☐ Job Completed

Store Stamp	Manager on Duty PRINT FIRST LAST NAME	Service Technician(s) Name:	
	Noah Rosanova	Name:	
Manager on Duty - Signature	DATE	# of Techs:	Time In:
			Time Out: