

First Class Glass & Mirror, Inc.

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

**Estimate**

DATE

3/26/2025

ESTIMATE

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

PROJECT NAME/ADDRESS

HEARTLAND DENTAL CARE #SN2212924
16302 S BOULEVARD PL. UNIT 106
PLAINFIELD IL 60586

P.O. No.

02692864

Qty	DESCRIPTION	TOTAL
1	INITIAL SERVICE CALL	150.00
2	36 X 84 ALUMINUM DOORS MEDIUM STYLE W/ 10" BOTTOM RAILS, PADDLE LATCH AND FLUSH BOLTS	3,600.00
2	84" ROTON HINGES	720.00
2	36 X 84 X 1/4" CLEAR SAFETY GLASS	990.00
	LABOR	1,800.00
TOTAL		\$7,260.00

TrueSource		Work Order Acknowledgement	
WO #: WO-02692864 Order # 04309753		DATE ISSUED: 03/18/2025 11:34 AM	
Service Level		SITE Name & Number: HEARTLAND DENTAL CARE, LLC {Site #SN2212924}	
Priority: 7 Day Response		Site Address: 16302 S Boulevard PL Unit 106 Plainfield IL, 60586	
Tech ETA Date/Time: 3/25/2025 11:36 AM		Site Contact #: (111) 111-1111	
		Customer Tracking #: Ref. #307786023	

****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
EXTERIOR / Doors / Door / Broken / Replacement Needed / EXTERIOR / Doors / Door / Office would like to reengage about replacing door

Action Required While On-site (Work Plan Line Items)
CHECK IN AND OUT OF THE CUSTOMER IVR = (516) 500-7776 PIN #65650 - WO # 307786023; (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

<input type="checkbox"/> Further Work Required / Quote Needed		<input type="checkbox"/> Job Completed	
Store Stamp	Manager on Duty PRINT FIRST LAST NAME <i>Christine Book</i>	Service Technician(s) Name:	
		Name:	
Manager on Duty - Signature	DATE	# of Techs:	Time In:
<i>Christine Book</i>			Time Out: