## First Class Glass & Mirror, Inc.

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



## **Estimate**

DATE 6/23/2025

## **ESTIMATE**

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

<b>PROJECT</b>	NAME/AD	DRESS
FRUJEUI	INCINE	

NEW BALANCE LINCOLN PARK 2369 N. CLARK ST CHICAGO IL 60614

P.O. No.

02856553

Qty	DESCRIPTION	TOTAL
	1 INITIAL SERVICE CALL 1 24 X 96 X 1/4 CLEAR MIRROR W/ POLISHED EDGES AND 1 - 3" CUTOUT FOR THE DOOR HANDLE	150.00 <b>46</b> 0.00
nachten machten († 1444) 1944 24 - Janes Harris († 1444) 1944 24 - Janes Harris († 1444)	1 RETURN TRIP	80.00
	LABOR	750,00

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

**TOTAL** 

\$1,440.00



TrueSou		Work Order Acknowledgement				
WO #: WO-02856	553 Order # 0	4514497	D/	ATE ISSUED:06/18/202	5 09:26 AM	
Service	Level	SITE Name & Number:	NEW BALANCE - Line 45027}	coln Park 2369 N. Clark St.	{Site #	
Priority:	48 Hour Response	e Site Address:	Lincoln Park 2369 N.	Clark St. Chicago IL, 60614		
Tech ETA Date/Time:	6/20/2025 9:32 AM	Site Contact #:	(773) 248-9721			
		Customer Tracking #:	Ref. #15634			
				to TrueSource with your li		
**Submit	your Work Order Ad			uired documents as separa	ate attachments**	
			oblem Reported		Art side of the second of the	
NEEDS ADVANCE NOT				H SHE AS WE CANNOT	JUST SHOW UP SINCE STORE	
			ile On-site (Work P			
				7 (EQUATES TO BILLABLE	LABOR HOURS)	
Documents required for				lgement)		
Locate the manager on		uipment to be service	ed			
Capture before and afte						
Capture make, model, s			cable) for equipment s	ervice	4	
Complete required doci						
Locate the manager on						
		nt from the manager	on duty - must contain	n arrival and departure time	es, legible signature (first	
and last name), and sto		o (Vandar'a Invaiga V	Noule Oudon Antonovelor	(mamana)		
Documents required for For Additional Funds - I			In the second second		£3.	
For Additional Fullus - I	riease subinit an Or	1-Site NTE Request ti	mough Anniate Conne	CL		
		DESCRIPTIO	N OF WORK PERF	ORMED		
☐ Further Work Required / Quote Needed ☐ Job Completed						
Store Sta	amp		r on Duty T LAST NAME	Service Technician(s) Name:		
		OSLAP F	ETAMIRANO	Name:	ı	
Manager on Duty	/ - Signature	<b>D</b>	ATE	# of Techs:	Time In:	
My	5	6/19	7/25		Time Out:	