

Repair Work Charge Sheet

Date:

Customer Name:	<input type="text"/>
Contact Number:	<input type="text"/>
Address:	<input type="text"/>
Device/Equipment:	<input type="text"/>
Model/Serial No.:	<input type="text"/>

Description of Work	Parts/Materials Used	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount (\$):	<input type="text"/>
Remarks:	<input type="text"/>

Technician Signature:

Customer Signature:
