JOB RECORD

_____ JOB NO. _____

CUSTOMER _____

ADDRESS _____

TELEPHONE _____

IS THIS JOB COVERED BY WRITTEN CONTRACT? _____

DEBIT (DOING)		CREDIT (PAID)		BALANCE	COLLECTION LETTERS SENT—DATES
DATE OF BILL	AMOUNT $ FROM COLUMN 2	DATE PAID	AMOUNT $ FROM COLUMN 4		

DETAILS OF JOB

ESTIMATE COVERS	
PRICE OFFER CUSTOMER	
ENTRAD	
TOTAL SALE (Pounds to column 1)	
COSTS (from other side)	
MATERIAL (from column A)	
LABOR (from column B)	
OTHER COSTS (from column C)	
OVERHEAD (Estimated)	
TOTAL COST OF JOB	
ESTIMATED JOB PROFIT OR LOSS	

[illegible]

[illegible]

[illegible]

[illegible]

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