PAID ON REC NO.	
PAYMENT CASH ( ) CHECK ( )	
DATE PAID	RECEIVED BY

BEVILL STATE COMMUNITY COLLEGE

NO:
DEPT:
DATE: 20

Live Work Order

LAST NAME	FIRST	MIDDLE INITIAL	NUMBER	STREET	CITY
PHONE NO.	PHONE WHEN READY? ( ) YES ( ) NO	RECEIVED DATE 20		PROMISED DATE 20	
MAKE AND MODEL:					
DESCRIPTION OF NEEDED REPAIR:					

MATERIALS USED

QUANTITY	DESCRIPTION	UNIT PRICE		AMOUNT		SUPPLIER'S INVOICE NO.

Any item left 30 days after notice will become the property of Bevill State Community College.

I hereby authorize the above work to be done, along with any necessary materials. I do hereby acknowledge that the work will be done by students, and that in view of this fact, I may not hold anyone responsible for any errors or quality of workmanship. No warranties offered, expressed, or implied.

_____
Customer's Signature

					COMMENTS:
TOTAL					
SHOP FEE					
SUB-TOTAL					
TAX OR TAX NO.					
LESS DEPOSIT					
PAY THIS TOTAL					

Fayette Campus
2631 Temple Avenue North
Fayette, AL 35555
205-932-3221/Fax 205-932-3294

Hamilton Campus
P.O. Drawer 9
Hamilton, AL 35570
205-921-3177/Fax 205-921-4094

Jasper Campus
1411 Indiana Avenue
Jasper, AL 35501
205-387-0511/Fax 205-387-5191

Sumiton Campus
P.O. Box 800
Sumiton, AL 35148
205-648-3271/Fax 205-648-2288