

PHONEXTRA COMMUNICATION

5270 Oakwood Blvd. Suite 10 Maye Landing, NJ 08330 Tel: 888-366-7212 Fax: 609-626-5922

Customer Name <u>SILER COUNTY</u>		Phone: _____	Page 1 of 1
Billing Address (Street, City, State, ZIP) <u>92 WATER ST. SALEM N.J.</u>			
Customer Pre-Authorization for Billable Work			
(Customer Printed Name) _____		(Customer Signature) _____	(Date) _____

Method of Payment			
(Purchase Order No.) _____	(Credit Card -Amex, Visa, etc.) _____	(Card Number) _____	(Expiration Date) _____

Service Address
Description of Work: <u>NEW DATA DROP IN PURCHASING FOR PRINTER. MOVE FAX CIRC 856 935 6137 IN H.R. OFFICE. MADE CIRC GOOD FROM D-MARK TO VOICE JACK 6 IN MANHATTAN FOR SUPT. OF SCHOOLS.</u>

Billable Information - Time (Labor)

Job No.	Work Request No.	Date	Time From	Time To	No. of Techs.	Mln. Bill (Y/N)	Visit Charge (Y/N)	Reg. Reg	Billable Hours OT & Sat.	Sun. & Holiday	Rate	Price
	<u>264955</u>	<u>9/16</u>	<u>11:00</u>	<u>1:30</u>	<u>1</u>	<u>Y</u>	<u>Y</u>	<u>2:30</u>			<u>90⁰⁰</u>	<u>225⁰⁰</u>

Visit Charge
Total Labor Page 1
Total Labor Page 2

Billable Information - Materials

Job No.	Part Number	Description	QTY	Unit Price	Extended Price
<u>1</u>		<u>CAT 5 WIRE RUN</u>	<u>1</u>	<u>75⁰⁰</u>	<u>75⁰⁰</u>

Total Material Page 1
Total Material Page 2
Total L & M Price
Sales Tax
Total Invoice

300⁰⁰
300⁰⁰

I HEREBY CERTIFY THAT PHONEXTRA PROVIDED THE SERVICES AND MATERIALS IDENTIFIED ABOVE.

(Customer Printed Name) <u>E. M. FOY</u>	(Customer Signature) <u>[Signature]</u>	(Date) <u>9/16/08</u>
(Technician Printed Name)	(Technician Signature) <u>[Signature]</u>	(Date)

Communications Solutions At Work For You