

**WORK ORDER REQUEST FORM**  
**Quality Reflections Glassworks LLC**

Service Department  
956-725-4520  
6420 Polaris Ste.6  
billing@qualityreflections.com



Requester Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Emergency: Yes \_\_\_\_\_ \*\$75 Fee  
No \_\_\_\_\_

Description of Work Order Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of payment preferred:

Check | Cash | Credit Card

Billing Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext# \_\_\_\_\_

**-----Service Department Use Only-----**

Description of completed Work and Material Used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice #: \_\_\_\_\_

JOB / PO#: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_ Crew: \_\_\_\_\_ # Trips: \_\_\_\_\_  
Offsite Labor and/or Material Procurements Hrs: \_\_\_\_\_ Total Hrs This Job: \_\_\_\_\_

**----- MANAGER SIGN-OFF -----**

**Job #:** \_\_\_\_\_ **Store Name:** \_\_\_\_\_ **Store #:** \_\_\_\_\_

This replacement has been made to my/our satisfaction. If this replacement is covered by insurance, I/we assign all right of subrogation to the company and I/we release the company from all liability on account of this replacement. I/we authorize our insurance company to make payment on our behalf to Quality Reflections Glassworks LLC.

**All work was complete: Yes No**  
**Were you satisfied with work: Yes No**

**Store Stamp (Required):**

\_\_\_\_\_  
Store Manager's Signature      Date:

\_\_\_\_\_  
Print Name

The Quality Reflections Service Department receives and process request work orders daily. Our overall goals are to schedule and complete these services in a timely manner. In order to perfect our goals, each Client must complete a work order form and return to the our office or service tech. All service calls required %50 down of total estimate in order to proceed with service call. Thank you in advance for your cooperation.