

**RECHARGE SHOPS**  
**External Services Request Form**  
930 N. University Ave., Ann Arbor, MI 48109-1055

Recharge Shop: \_\_\_\_\_ Date: \_\_\_\_\_

User requesting services: \_\_\_\_\_

Description of work requested: \_\_\_\_\_

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

**To be completed by Recharge Shop prior to service.** (Actual bill may differ depending on the amount of time the requested work takes.)

Estimated bill: \$ \_\_\_\_\_

By signing this document I am agreeing to negotiated rate listed above. If the actual amount exceeds \$ \_\_\_\_\_, please contact me for approval.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Recharge Shop after completion of service.**

Actual Hours Worked: \_\_\_\_\_ Amount billed: \$ \_\_\_\_\_

Material Charges: \$ \_\_\_\_\_

**TOTAL BILLED:** \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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

**Billing Contact Information**

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

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

PO #: \_\_\_\_\_

Payment via credit card is now allowed, but please do not include credit card information on this form. We will contact you for payment upon work completion.

Payments not made within 30 days of receipt of invoice may jeopardize future use of shop services. 3/2022