

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 #: _____

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