

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

TOTAL

SHOP FEE

SUB-TOTAL

TAX OR TAX NO.

LESS DEPOSIT

**PAY THIS TOTAL**

**COMMENTS:**

**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