Capital Realty Advisors, Inc.

PROPERTY MANAGEMENT REDEFINED

MAINTENANCE ORDER

INVOICE # _____

Please fill out all highlighted areas. Mail or fax completed form to contact info on bottom.

Job Location:
Resident Name:
Phone:

Date Received:

Date Work Scheduled:

Scope or Work

Status of Work:

- ☐ Job Completed
- ☐ Temporarily repaired
- ☐ Parts on order
- ☐ Will return to complete job
- ☐ Vendor scheduled

Bill To:

- ☐ Permission to Enter
- ☐ Appointment

Technician Assigned:

Materials		
Vendor	**Description**	**Amount**
Additional Charges or Comments		
	Subtotal	**$**

Labor – Management Use Only		
Date	**Total Hours**	**Amount**
	Subtotal	**$**

Total Due: $ _____

Amount Paid: $ _____

Balance Due: $ _____

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