

FIT-WORK ORDER

Date: _____

Program: _____

Instructor: _____

Name: _____

Address: _____

Phone: _____

Repair or Service needed: _____

(To be completed by Instructor only)

Service rendered: _____

Date Completed: _____

Signature: _____

Donation of \$ _____

_____ Cash _____ Check # _____

Office Use Only:

Received by: _____

Date: _____

Receipt #: _____