|  |  |
| --- | --- |
| **Free Contractor** | |
| Contractor Name | Contractor Form# |
|  |  |
| Address |  |
| Work Order# |  |
| Town/City/State/Zip |  |
| Date Of issuing of Contractor Form |  |
| Phone Number |  |
| Name of vendor contractor |  |
| Fax Number |  |
| Address |  |
| Email Id | Town/City/State/Zip |
|  |  |
| Contractor form issued by | Contact Number |
|  |  |
| ***Details Of Work*** | |
| Nature Of Job Required to be done |  |
| Materials Required |  |
| Budget for completion |  |
| Approximation time of completion of work |  |
| Date of first preview of work plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Work Plan Schema | |

|  |  |  |  |
| --- | --- | --- | --- |
| Target to be achieved | Capital required | Duration | Supervisor |
|  |  |  |  |
| ***Terms And Conditions***   * All payments will be made based on the payment chart attached along with the form. * Payments shall be made after the completion of each stage of the work process as outlined and approved of in the work management chart. | | | |
| Signature 1 | | Signature 2 | |
|  | |  | |
| Date | |  | |