

AMGRAF, INC.

**SOFTWARE TECHNOLOGY
FOR E-BUSINESS FORMS**



PLAS

MECCA™ III

FORMS COMPOSITION FEATURES

**E-BUSINESS FORMS
INTERNET BUSINESS FORMS
ELECTRONIC BUSINESS FORMS
PAPER BUSINESS FORMS**

**Forms Library
Catalog**

OneForm™ Designer Plus

© 2009 by Amgraf, Inc. All rights reserved.

These specifications are subject to change without notice.

OneForm and MECCA are trademarks of Amgraf, Inc.

All other brand and product names are or may be trademarks used to identify products or services of their respective owners.



1501 Oak Street • Kansas City, MO 64108-1424

Phone: (816) 474-4797 • Fax: (816) 842-4477

E-Mail: info@amgraf.com • Internet: www.amgraf.com

TABLE OF CONTENTS

The forms are organized in alphabetical order by the following categories:

Accounting	2
Automotive	10
Bill of Lading	14
Bill of Sale	17
Change Order	20
Collections	23
Credit	26
Delivery	30
Employee	33
Estimate	40
Expense	45
Fax	50
Inventory	53
Invoice	55
Medical	58
Memo	63
Order	67
Packing	75
Payroll	78
Promissory	83
Proposal	86
Purchase	89
Quotation	92
Real Estate	95
Receipt	97
Receiving	100
Reply	103
Requisition	105
Restaurant	108
Service	110
Shipping	113
Signature	118
Statement	123
Stock	128
Transmittal	129
Travel	131
Work Order	132

BUSINESS FORMS CATALOG

Welcome to the Amgraf OneForm Designer Plus Business Forms Catalog. This is a comprehensive collection of business forms used by most companies in everyday business. These forms are ready for you to use in many ways: print, customize, fill-in electronically, or load on the internet or your inhouse intranet.

This library of forms is located in the directory **OneForm\Forms_Lib**. They are indexed in 37 categories. You will notice that each form is contained in its own folder. This is necessary for holding the files created when an electronic form is successfully generated.

All of the forms have fill fields and are ready to be customized and generated into E-Forms or I-Forms. The steps for generating are found in *Getting Started, Chapters 6 and 7*.

The following attributes were used in creating the forms:

- 8 x 10.5 Inches in Size
- .5-point and 1-point Ruling
- 5% and 10% Screen Bars at 133 Screen Lineage
- Layer 1 – Form Components

The Custom Calculations

The **Form_Lib** library of forms contain intelligent fields for computation and calculation. All of the source code is included, and these examples are valuable as a reference when creating new forms. As an example, if you need to create an expense report form, you can copy the day/week expense calculation code from one of four functional expense forms in the catalog.

The custom calculations found within the "Form Preferences" programming section of each form are in three scripting varieties:

- PDF I-Forms use PDF JavaScript (BeginPDFMainCalculation)
- HTML I-Forms use HTML JavaScript (BeginJscriptIncludes)
- Visual Basic E-Forms use VB Script (BeginCustomIncludes)

On each page there is a description of the calculations found within the form. Also, on the last page of the catalog is an Index of the intelligence applied to each form.

The folder **Form_Lib_Wizard** has examples of custom calculations produced using OFDP's Calculation Wizard option. This option is described in detail in *Chapter 18* of the *Creating E-Forms and I-Forms* manual.

Account01 Monthly Depository Payments Form

MONTHLY DEPOSITORY PAYMENTS				
	JANUARY	FEBRUARY	MARCH	
Number of Employees:				
Total Wages Paid:				
Withholding Tax:				
Employer's Social Security Contribution:				TOTAL FOR 1st QUARTER
Employee's Social Security Contribution:				
TOTAL DEPOSIT ▶				
	APRIL	MAY	JUNE	
Number of Employees:				
Total Wages Paid:				
Withholding Tax:				
Employer's Social Security Contribution:				TOTAL FOR 2nd QUARTER
Employee's Social Security Contribution:				
TOTAL DEPOSIT ▶				
	JULY	AUGUST	SEPTEMBER	
Number of Employees:				
Total Wages Paid:				
Withholding Tax:				
Employer's Social Security Contribution:				TOTAL FOR 3rd QUARTER
Employee's Social Security Contribution:				
TOTAL DEPOSIT ▶				
	OCTOBER	NOVEMBER	DECEMBER	
Number of Employees:				
Total Wages Paid:				
Withholding Tax:				
Employer's Social Security Contribution:				TOTAL FOR 4th QUARTER
Employee's Social Security Contribution:				
TOTAL DEPOSIT ▶				
				TOTAL FOR YEAR
				ACCOUNT01

This form takes the total wages paid for each month and *subtracts* the withholding tax, along with the employer's and employees' social security contribution. Then, each month's total is *added* into a quarterly field. Each quarter's total is then *added* for a total for year field.

**Account02
Petty Cash Form**

PETTY CASH		
NO	AMOUNT	DATE
EXPENDED FOR		
CHARGE TO		
A/C #	APPROVED BY	RECEIVED BY

ACCOUNTING FORMS

Simple fill-in, no calculations.

Account03 Check Request

CHECK REQUEST

PAYABLE TO		DATE
NAME		
ADDRESS		
CITY	STATE	ZIP (9 DIGIT)

A/C #	PURPOSE OF CHECK	AMOUNT
TOTAL ▶		

MAIL TO PAYEE PAYEE TO PICK UP

REQUESTED BY _____

APPROVED BY	CHECK #	RECEIVED BY
-------------	---------	-------------

ACCOUNT03 1998

This form *adds* the check amount column which is then totaled at the bottom.

Generate I-Form with VML Graphics.

Account04 Aging of Accounts Payable

AGING OF ACCOUNTS PAYABLE							
MONTH OF: _____							
PERIOD FROM: _____							
TO: _____							
INVOICE #	ACCOUNT #	INVOICE DATE	AMOUNT	30 DAYS	60 DAYS	90+ DAYS	TOTAL
INVOICE #	ACCOUNT #	INVOICE DATE	AMOUNT	30 DAYS	60 DAYS	90+ DAYS	TOTAL
TOTAL							

ACCOUNT04

This form *adds* the amount, 30 days, 60 days and 90+ days columns and totals them on the right. Then each individual column is totaled at the bottom.

Account06
Accounting Journal

ACCOUNTING JOURNAL

DATE

	TRIAL BALANCE		ADJUSTMENTS		ADJUSTED TRIAL BALANCE		INCOME STATEMENT		BALANCE SHEET	
	DEBIT	CREDIT	DEBIT	CREDIT	DEBIT	CREDIT	DEBIT	CREDIT	DEBIT	CREDIT
CASH										
ACCOUNTS RECEIVABLE										
UNEXPIRED INSURANCE										
OFFICE SUPPLIES										
OFFICE EQUIPMENT										
ACCOUNTS PAYABLE										
UNEARNED COMMISSIONS										
FEES EARNED										
RENT EXPENSE										
SALARIES EXPENSE										
TELEPHONE EXPENSE										
INSURANCE EXPENSE										
COMMISSIONS EARNED										
INTEREST EXPENSE										
INTEREST PAYABLE										
SALARIES PAYABLE										
FEES RECEIVABLE										
NET INCOME										

ACCOUNTING 2011

Simple fill-in, no calculations.

Account08
401K Contribution Allocation

THIS IS A REDUCED VERSION OF FORM
401(K) CONTRIBUTION ALLOCATION

Trust _____ Account Number _____

This form should be used by plan sponsors to transmit the following types of contributions:
 Salary Reduction Employer Contributions
 Matching Employer Contributions
 Deposits for employee nondeductible and deductible contributions should be forwarded to us with form no. 272-88. Regular employer profit sharing contributions and/or employer supplemental salary reduction contributions (fully vested) should be submitted using the regular Data Request List.

PART I
Salary Reduction Employer Contribution
For Current Plan Year Ending _____

The following contributions are designated to be salary reduction employer contributions.

(1) Participant's Name*	(2) Participant's Social Security Number**	(3) Amount of Contribution*

PART II
Matching Salary Reduction Employer Contribution
For Current Plan Year Ending _____

The following contributions are designated to be matching salary reduction employer contributions.

(1) Participant's Name*	(2) Participant's Social Security Number**	(3) Amount of Contribution*

*Columns (1) and (3) must be completed each time a contribution is submitted.
 **Column (2) must be completed for a new participant.
 This is to certify that the individuals whose names appear above have made the Salary Reduction Contribution indicated opposite their names. You are directed to complete the allocation and adjustment of participant's account in accordance with the Plan, and to provide the undersigned in appropriate form, a record of the status of each account following each adjustment.

DATE: _____ IV-A-5 _____ Plan Administrator
 CERTIFIED BY: _____

ACCOUNTING FORM

Simple fill-in, no calculations.

Auto01 Auto Insurance Claim Repair Estimate

AUTO INSURANCE CLAIM REPAIR ESTIMATE

Assured _____ Ins. Co. _____
 Claimant _____ Adjuster _____
 Appraiser _____

File # _____ Date Rec'd _____ Date Insp. _____ SAS File No. _____

MAKE	YEAR	MODEL	BODY STYLE	IDENTIFICATION NO.			LICENSE NO.	MILEAGE	
<input type="checkbox"/> Power Steering <input type="checkbox"/> Power Brakes <input type="checkbox"/> Factory Air Cond. <input type="checkbox"/> Under Dash Air Cond. <input type="checkbox"/> Radio AM <input type="checkbox"/> Radio AM-FM <input type="checkbox"/> Radio FM Stereo									
<input type="checkbox"/> Transmission Automatic <input type="checkbox"/> Special Standard <input type="checkbox"/> 4 Speed Standard <input type="checkbox"/> Floor Shift <input type="checkbox"/> Electric Windows <input type="checkbox"/> Electric Seats									
MOTOR: <input type="checkbox"/> 8 cyl. <input type="checkbox"/> 8 cyl. <input type="checkbox"/> 4 cyl. <input type="checkbox"/> 4 cyl.									
QTY.	LABOR PRICE	PAINT PRICE	MECHANIC PRICE	DETAIL OF REPAIRS AND/OR REPLACEMENTS				PARTS LIST PRICE	ADJUST. PRICE
TOTALS				TOTALS					

THIS IS NOT AN AUTHORIZATION FOR REPAIRS

THE UNDERSIGNED AGREES TO COMPLETE AND GUARANTEE REPAIRS LISTED ON SHEETS _____ AT A TOTAL PRICE OF \$ _____ INCLUDING ALL TOWING & STORAGE CHARGES INCIDENTAL THERETO AND REPAIR VEHICLE PER METHODS AND/OR APPLICABLE TO THIS VEHICLE.

THE INSURED WILL PAY \$ _____ DEDUCTIBLE.
 PLUS \$ _____ DEPRECIATION.
 TOTAL \$ _____

REPAIR SHOP: _____
 ADDRESS: _____
 CITY: _____ PHONE: _____

LABOR HOURS @ \$ _____

LABOR HOURS @ \$ _____

LABOR HOURS @ \$ _____

PARTS COST \$ _____

LESS DISCOUNT @ % \$ _____

EQUAL NET PARTS COST \$ _____

SUBLET \$ _____

OTHER CHARGES \$ _____

TAX @ % \$ _____

TOTAL REPAIR COST \$ _____

AUTOFORM

This form *adds* the paint, body, and mechanic labor hours and *places these totals* in two separate fields, at the bottom of each column and in the labor hours fields at the bottom of the form. The hourly rate is *multiplied* by the amount of hours and display in the totals column.

The parts list price, sublet, and net items columns will be *added* and the total amount will be displayed at the bottom of the column. These two figures will also be displayed at the bottom of the form. The less discount percent will be calculated from the parts costs and *subtracted* from the parts cost to equal net parts cost. The total repair cost will *add* the labor totals, net parts cost, sublet, other charges and tax. The total repair cost figure will also be displayed in the repair shop total and the deductible and depreciation will be *subtracted* from the total amount.

Auto02
Auto Expense Report

AUTO EXPENSE REPORT

SUBMITTED BY: _____

DATE _____

PERIOD OF USE: FROM _____ TO _____

DAY	LOCATION		PARKING	GAS, OIL, ETC.	TOLLS	TOTAL MILEAGE	MISC.	DAILY TOTAL
	FROM	TO						
TOTAL								

CAR MAKE _____ MODEL _____

YEAR _____ LICENSE NUMBER _____

MILEAGE @	
MILEAGE AMOUNT	
TOTAL DUE	

AUTO02 2008

Each column will be *added* and totaled in the daily totals column at the right. Each individual column is also totaled at the bottom. The total mileage column will be *multiplied* by mileage @ field and be displayed in the mileage due field. The daily total will *add* to mileage due to create the grand total.

Auto03 Auto Parts Receipt

AUTO PARTS

DATE _____

CUSTOMER'S ORDER NO. _____

SOLD TO _____

ADDRESS _____

CITY _____

SALES PERSON _____

TERMS _____

CASH SALE	CHARGE SALE	DISC. RET'D	REC'D ON ACCT	MISC.	PAID OUT
PART NUMBER	QTY.	DESCRIPTION	PRICE	AMOUNT	
TOTAL					

RECEIVED BY _____

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL.

AUTO03

The quantity column is *multiplied* by the price column to create the amount column. The amount column will then be *added* to create the total field.

Auto04 Auto Repair Order

AUTO REPAIR ORDER																																																																																																																			
REPAIR ORDER NO. <input style="width: 95%;" type="text"/>			Appointment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting <input type="checkbox"/> Drop Off Time <input type="checkbox"/> Planned																																																																																																																
Company Name <input style="width: 98%;" type="text"/> Address <input style="width: 98%;" type="text"/> City <input style="width: 30%;" type="text"/> State <input style="width: 15%;" type="text"/> Zip Code <input style="width: 35%;" type="text"/>		Today's Date <input style="width: 25%;" type="text"/> Time In <input style="width: 25%;" type="text"/> Home Tel. No. <input style="width: 25%;" type="text"/> Work Tel. No. <input style="width: 25%;" type="text"/> Year <input style="width: 10%;" type="text"/> Make <input style="width: 45%;" type="text"/> Model <input style="width: 20%;" type="text"/> Engine Cyl. & Size <input style="width: 20%;" type="text"/> Lic. No. <input style="width: 20%;" type="text"/> Mileage <input style="width: 35%;" type="text"/>																																																																																																																	
CUSTOMER'S RIGHTS <ul style="list-style-type: none"> • You have a right to written estimate if repairs exceed \$50.00. Please advise us. • Customer may not be charged more than 10% of the amount of the written estimate without his/her consent. • Repairs not originally authorized by customer may not be charged to customer without his/her consent. • Customer may have the replaced parts if they are not returnable under Warranty. • Some maintenance may be recommended as preventative maintenance. 		TUNE UP AND EXHAUST ANALYSIS <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th>Before</th> <th>After</th> <th>Before</th> <th>After</th> </tr> </thead> <tbody> <tr> <td>HC-RPM</td> <td></td> <td>O₂ %</td> <td></td> </tr> <tr> <td>CO %</td> <td></td> <td>CO₂ %</td> <td></td> </tr> </tbody> </table>		Before	After	Before	After	HC-RPM		O ₂ %		CO %		CO ₂ %																																																																																																					
Before	After	Before	After																																																																																																																
HC-RPM		O ₂ %																																																																																																																	
CO %		CO ₂ %																																																																																																																	
Customer's Signature <input checked="" type="checkbox"/> _____ <small>I hereby authorize work to be done to my vehicle and agree to pay by <input type="checkbox"/> Cash <input type="checkbox"/> Check, or <input type="checkbox"/> Credit Card when work is completed. I HAVE READ AND HEREBY ACCEPT THE LIMITED WARRANTY CONTAINED ON THE REVERSE SIDE OF THE CUSTOMER COPY HEREOF. This shop is not responsible for loss or damage by fire, theft, or any other cause beyond our control.</small>		<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th>SERVICE</th> <th>QTY.</th> <th>CONDITION</th> <th>PART NO.</th> </tr> </thead> <tbody> <tr> <td>SPARK PLUGS</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		SERVICE	QTY.	CONDITION	PART NO.	SPARK PLUGS																																																																																																											
SERVICE	QTY.	CONDITION	PART NO.																																																																																																																
SPARK PLUGS																																																																																																																			
SERVICE RECORD																																																																																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>SERVICE</th> <th>CONDITION</th> <th>PART NO.</th> <th>PRICE</th> <th>SERVICE</th> <th>CONDITION</th> <th>PART NO.</th> <th>PRICE</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> TUNE UP</td><td></td><td></td><td></td><td><input type="checkbox"/> CARBURETOR FLUSH</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> DIAGNOSTIC</td><td></td><td></td><td></td><td><input type="checkbox"/> ELECTRONIC MODULE</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> OIL CHANGE/LUBE/FILTER</td><td></td><td></td><td></td><td><input type="checkbox"/> MAGNETIC PICK-UP COIL</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> AIR FILTER</td><td></td><td></td><td></td><td><input type="checkbox"/> IGNITION COIL</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> PCV FILTER</td><td></td><td></td><td></td><td><input type="checkbox"/> DISTRIBUTOR</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> FUEL FILTER</td><td></td><td></td><td></td><td><input type="checkbox"/> IGNITION WIRES</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> TRANSMISSION <input type="checkbox"/> STD.</td><td></td><td></td><td></td><td><input type="checkbox"/> DIST. VACUUM ADJ.</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> BELT/SHOES</td><td></td><td></td><td></td><td><input type="checkbox"/> CHOKE PULL OFF</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> DIFFERENTIAL SERVICE</td><td></td><td></td><td></td><td><input type="checkbox"/> EGR VALVE</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> RADIATOR FLUSH & FILL</td><td></td><td></td><td></td><td><input type="checkbox"/> SENSOR</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> BRAKE FLUID</td><td></td><td></td><td></td><td><input type="checkbox"/> CARBURETOR</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> A/C SERVICE <small>10% extra</small></td><td></td><td></td><td></td><td><input type="checkbox"/> SHOCK/STRUTS</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> FUEL INJECTION SERVICE</td><td></td><td></td><td></td><td><input type="checkbox"/> BRAKES CLEAN & ADJ.</td><td></td><td></td><td></td></tr> </tbody> </table>				SERVICE	CONDITION	PART NO.	PRICE	SERVICE	CONDITION	PART NO.	PRICE	<input type="checkbox"/> TUNE UP				<input type="checkbox"/> CARBURETOR FLUSH				<input type="checkbox"/> DIAGNOSTIC				<input type="checkbox"/> ELECTRONIC MODULE				<input type="checkbox"/> OIL CHANGE/LUBE/FILTER				<input type="checkbox"/> MAGNETIC PICK-UP COIL				<input type="checkbox"/> AIR FILTER				<input type="checkbox"/> IGNITION COIL				<input type="checkbox"/> PCV FILTER				<input type="checkbox"/> DISTRIBUTOR				<input type="checkbox"/> FUEL FILTER				<input type="checkbox"/> IGNITION WIRES				<input type="checkbox"/> TRANSMISSION <input type="checkbox"/> STD.				<input type="checkbox"/> DIST. VACUUM ADJ.				<input type="checkbox"/> BELT/SHOES				<input type="checkbox"/> CHOKE PULL OFF				<input type="checkbox"/> DIFFERENTIAL SERVICE				<input type="checkbox"/> EGR VALVE				<input type="checkbox"/> RADIATOR FLUSH & FILL				<input type="checkbox"/> SENSOR				<input type="checkbox"/> BRAKE FLUID				<input type="checkbox"/> CARBURETOR				<input type="checkbox"/> A/C SERVICE <small>10% extra</small>				<input type="checkbox"/> SHOCK/STRUTS				<input type="checkbox"/> FUEL INJECTION SERVICE				<input type="checkbox"/> BRAKES CLEAN & ADJ.			
SERVICE	CONDITION	PART NO.	PRICE	SERVICE	CONDITION	PART NO.	PRICE																																																																																																												
<input type="checkbox"/> TUNE UP				<input type="checkbox"/> CARBURETOR FLUSH																																																																																																															
<input type="checkbox"/> DIAGNOSTIC				<input type="checkbox"/> ELECTRONIC MODULE																																																																																																															
<input type="checkbox"/> OIL CHANGE/LUBE/FILTER				<input type="checkbox"/> MAGNETIC PICK-UP COIL																																																																																																															
<input type="checkbox"/> AIR FILTER				<input type="checkbox"/> IGNITION COIL																																																																																																															
<input type="checkbox"/> PCV FILTER				<input type="checkbox"/> DISTRIBUTOR																																																																																																															
<input type="checkbox"/> FUEL FILTER				<input type="checkbox"/> IGNITION WIRES																																																																																																															
<input type="checkbox"/> TRANSMISSION <input type="checkbox"/> STD.				<input type="checkbox"/> DIST. VACUUM ADJ.																																																																																																															
<input type="checkbox"/> BELT/SHOES				<input type="checkbox"/> CHOKE PULL OFF																																																																																																															
<input type="checkbox"/> DIFFERENTIAL SERVICE				<input type="checkbox"/> EGR VALVE																																																																																																															
<input type="checkbox"/> RADIATOR FLUSH & FILL				<input type="checkbox"/> SENSOR																																																																																																															
<input type="checkbox"/> BRAKE FLUID				<input type="checkbox"/> CARBURETOR																																																																																																															
<input type="checkbox"/> A/C SERVICE <small>10% extra</small>				<input type="checkbox"/> SHOCK/STRUTS																																																																																																															
<input type="checkbox"/> FUEL INJECTION SERVICE				<input type="checkbox"/> BRAKES CLEAN & ADJ.																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #f2f2f2;">EXTENDED SERVICE AND BRAKE</th> <th colspan="2" style="background-color: #f2f2f2;">TOTAL DUE</th> </tr> <tr> <th>SERVICE</th> <th>PRICE</th> <th>EXTENDED SERVICE</th> <th>LABOR RATE PER HOUR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">EXTENDED SERVICE TOTAL ▶</td> <td>LABOR HOURS</td> <td>LABOR TOTAL ▶</td> </tr> <tr> <td colspan="2"></td> <td>SUB TOTAL ▶</td> <td>SALES TAX ▶</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">TOTAL DUE ▶</td> </tr> </tbody> </table>				EXTENDED SERVICE AND BRAKE		TOTAL DUE		SERVICE	PRICE	EXTENDED SERVICE	LABOR RATE PER HOUR																																													EXTENDED SERVICE TOTAL ▶		LABOR HOURS	LABOR TOTAL ▶			SUB TOTAL ▶	SALES TAX ▶			TOTAL DUE ▶																																																	
EXTENDED SERVICE AND BRAKE		TOTAL DUE																																																																																																																	
SERVICE	PRICE	EXTENDED SERVICE	LABOR RATE PER HOUR																																																																																																																
EXTENDED SERVICE TOTAL ▶		LABOR HOURS	LABOR TOTAL ▶																																																																																																																
		SUB TOTAL ▶	SALES TAX ▶																																																																																																																
		TOTAL DUE ▶																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Customer</td><td style="width: 50%;"></td></tr> <tr><td>Technician</td><td></td></tr> <tr><td>Technician's Signature</td><td>Certified by Signature</td></tr> </table>				Customer		Technician		Technician's Signature	Certified by Signature																																																																																																										
Customer																																																																																																																			
Technician																																																																																																																			
Technician's Signature	Certified by Signature																																																																																																																		

This form will *add* the service record price, extended service price, labor total and display in the sub total field. The extended service price column will *add* and display in both the extended service total and extended service field in the totals column. The total due will *add* extended service, labor total and sales tax. Also, the labor rate is *multiplied* by the labor hours to create the labor total.

Generate I-Form with VML Graphics.

**Lading02
Bill of Lading**

BILL OF LADING					
DATE	SHIPPER NO.	CARRIER NO.	CARRIER NAME		
SHIPPING FROM			SHIPPING TO		
Name Address Destination			Name Address Destination		
HAZ. MAT.	PIECES	DESC. OF ARTICLES OR SPECIAL MARKS	WEIGHT	RATE	TOTAL CHGS.
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
TOTAL CHARGES FOR THIS BILL OF LADING					
HOW SHIP?					
NEXT DAY	2ND DAY	STANDARD	OTHER		
PREPAID			COLLECT		
ADDITIONAL INFORMATION:					
RECEIVED THE ABOVE DESCRIBED PROPERTY IN GOOD CONDITION EXCEPT AS NOTED				DATE DELIVERED	TIME DELIVERED
FIRM _____				DATE	DRIVER NO.
BY _____				SHOW COMPLETE COMPANY NAME AND SIGNATURE - INITIALS NOT ACCEPTED	
LADING02: 000110M					

This form will *multiply* the weight column by the rate column to create the total charges column. The grand total will *add* the total charges column.

Lading03

Straight Bill of Lading – Short Form

STRAIGHT BILL OF LADING -- SHORT FORM -- ORIGINAL --- NOT NEGOTIABLE

REG-2001-02 - subject to the classification and U.S. DOT rules in effect on the date of the issue of the Bill of Lading.

FROM
AT

NAME OF CARRIER

SHIPPER'S NO. _____

TRAILER # _____

The property described herein is supposed good order, except for visible damage and condition of contents of packages (cracked, broken, collapsed, wet, spoiled, etc.) and marked as indicated herein, which shall cancel the above liability endorsement. The carrier shall not be liable for any loss or damage to the property unless the carrier is negligent, in which case the carrier shall be liable for the full value of the property unless the carrier is negligent in which case the carrier shall be liable for the full value of the property unless the carrier is negligent.

Charge freight and other charges on the basis of the actual weight of the cargo at the place of delivery and not on the basis of the weight at the place of origin. Freight is calculated on the basis of the actual weight. It is not to be used for the purpose of determining the rate of freight. Freight is calculated on the basis of the actual weight. It is not to be used for the purpose of determining the rate of freight.

(MAIL OR STREET ADDRESS OF CONSIGNEE-FOR PURPOSES OF NOTIFICATION ONLY.)

CONSIGNEE TO AND DESTINATION

ROUTE _____

Delivering Address _____

RECEIVING CARRIER _____ TRAILER # _____

R.M.	No. Shipping Units	Kind of Packaging, Description of Articles, Special Marks and Exceptions	Quantity	CLASS OF CARRIER	CLASS OF CARRIER
			QUANTITY TO LOAD	CLASS OF CARRIER	CLASS OF CARRIER

REBIL C.O.D. TO: (ADDRESS) _____ C.O.D. AMOUNT \$ _____ C.O.D. CHARGE / SHIPPER TO BE PAID BY _____ CONSIGNEE _____

Agree to Carrier

THIS IS INTENDED FOR SHIPPER USE ONLY. It is not to be used for the purpose of determining the rate of freight. Freight is calculated on the basis of the actual weight. It is not to be used for the purpose of determining the rate of freight.

SHIPPER'S SIGNATURE _____ TITLE _____

RECEIVED BY _____ TITLE _____

THIS BILL OF LADING IS VOID UNLESS IT IS ACCOMPANIED BY THE ORIGINAL T-1000 (TRAILER WEIGHT CERTIFICATE) WHICH IS A REQUIREMENT OF THE FEDERAL MOTOR CARRIER SAFETY ACT.

CORRECT WEIGHT IS CORRECTLY DESCRIBED.

LSL _____ per _____

Shipper _____ Agent _____

Per _____ Per _____

Permanent post office address of shipper _____

LADING03

Simple fill-in, no calculations.

Billos01
Bill of Sale - Automobile

BILL OF SALE-AUTOMOBILE

DATE _____

THAT IN CONSIDERATION OF _____

DOLLARS (\$ _____) TO ME IN HAND PAID BY _____

THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I _____

BY THESE PRESENTS DO BARGAIN, SELL AND CONVEY TO THE SAID _____

ONE AUTOMOBILE, AS IS:

MODEL/YEAR	TYPE OF BODY	TRADE NAME	MOTOR NO.	STATE LICENSE NUMBER	SERIAL NO.	NEW OR USED	NO. OF CYLS.

AND I FOR MYSELF WILL WARRANT THE SAID AUTOMOBILE UNTO THE SAID _____

_____ AGAINST

ANY LAWFUL CLAIMS AND DEMANDS OF ALL AND EVERY PERSON OR PERSONS WHATSOEVER. _____


THIS AUTOMOBILE IS SOLD AS IS AND IS NOT GUARANTEED BEYOND _____ DAYS.

WITNESS MY HAND THIS _____ DAY OF _____ (YEAR)

WITNESSES: _____

BUYER NAME _____ SELLER SIGNED _____

ADDRESS _____ ADDRESS _____

BILLOS01 

Simple fill-in, no calculations.

Billos02
Bill of Sale (Warranty)

BILL OF SALE (WARRANTY)

DATE _____

For good and valuable consideration, and the payment of the sum of \$ _____, receipt of which is hereby acknowledged, the Seller hereby sells and transfers to the Buyer the following described personal property:


The Seller warrants to Buyer and its assigns and successors that Seller has good and marketable title to said property and the full authority to sell and transfer the property free of all liens, encumbrances, liabilities, and adverse claims of every nature and description whatsoever. The said property is sold and transferred free of all liens, encumbrances, liabilities and adverse claims of every nature and description whatsoever.

Seller further warrants to Buyer that Seller will fully defend, protect, indemnify, and hold harmless the Buyer and Buyer's lawful successors and assigns from any adverse claim thereto.

Except as noted above, the goods are sold in "as is condition" and where presently located.

Signed under seal and accepted this _____ day of _____ (YEAR)

_____ SELLER	_____ BUYER
_____ ADDRESS	_____ ADDRESS
_____ _____	_____ _____

BILLOS02 

Simple fill-in, no calculations.

Chgord01 Change Order Form

Number _____		CHANGE ORDER
PHONE _____	DATE _____	
JOB NAME _____		
JOB NUMBER _____		
EXISTING CONTRACT NO. _____	DATE OF EXISTING _____	
TO _____		_____
_____		_____
We hereby agree to make the change(s) specified below:		
NOTE: The Change Order becomes part of and in conformance with the existing contract.		
WE AGREE hereby to make the change(s) specified above at the price		\$ _____
AUTHORIZED SIGNATURE (CONTRACTOR) _____	PREVIOUS CONTRACT AMOUNT	\$ _____
DATE _____	REVISED CONTRACT TOTAL	\$ _____
ACCEPTED — The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in original contract unless otherwise stipulated.		Date of acceptance _____ Signature _____ (OWNER)
CHGORD01		

The changes price field will *add* to the previous contract field to create the revised contract total field.


Chgord02
Change Order Additional Work Order

CHANGE ORDER Additional Work Order							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">PHONE _____</td> <td style="width: 50%; padding: 2px;">DATE _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">JOB NAME/LOCATION _____</td> </tr> <tr> <td style="padding: 2px;">CONTRACTOR/JOB NUMBER _____</td> <td style="padding: 2px;">JOB PHONE _____</td> </tr> </table>	PHONE _____	DATE _____	JOB NAME/LOCATION _____		CONTRACTOR/JOB NUMBER _____	JOB PHONE _____	TO _____ _____ _____
PHONE _____	DATE _____						
JOB NAME/LOCATION _____							
CONTRACTOR/JOB NUMBER _____	JOB PHONE _____						
We hereby agree to make the change(s) specified below:							
NOTE: The Change Order becomes part of and in conformance with the existing contract.							
WE AGREE hereby to make the change(s) specified above at the price \$							
DATE _____ AUTHORIZED SIGNATURE _____ <small>CONTRACTOR</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #333; color: white; padding: 2px;">PREVIOUS CONTRACT AMOUNT</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="background-color: #333; color: white; padding: 2px;">REVISED CONTRACT TOTAL</td> <td style="padding: 2px;">\$ _____</td> </tr> </table>	PREVIOUS CONTRACT AMOUNT	\$ _____	REVISED CONTRACT TOTAL	\$ _____		
PREVIOUS CONTRACT AMOUNT	\$ _____						
REVISED CONTRACT TOTAL	\$ _____						
PAYMENT WILL BE MADE AS FOLLOWS: _____							
<p>ACCEPTED — The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in original contract unless otherwise stipulated.</p>							
Date of acceptance _____ Signature _____ <small>(OWNER)</small>							
CHGORD02							

The changes price field will *add* to the previous contract field to create the revised contract total field.

Chgord03
Additional Work Authorization

ADDITIONAL WORK AUTHORIZATION			
OWNER'S NAME		PHONE	DATE
STREET		JOB NAME	JOB NUMBER
CITY	STATE	STREET	
EXISTING CONTRACT NO.	DATE OF EXISTING CONTRACT	CITY	STATE
You are hereby authorized to perform the following specifically described additional work:			
ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ _____			
Payment will be made as follows: _____			
Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.			
Authorizing Signature _____ <small>(OWNER SIGN HERE)</small>		Date _____	
We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.			
Authorized Signature _____ <small>(CONTRACTOR SIGN HERE)</small>		Date _____	
THIS IS CHANGE ORDER NO. _____			
<small>NOTE: This Revision becomes part of, and in conformance with, the existing contract.</small>			

CHGORD03 

Simple fill-in, no calculations.

Collec01
A Friendly Reminder Collection

A FRIENDLY REMINDER

INVOICE NUMBER	ACCOUNT NUMBER	DATE PAYMENT WAS DUE
----------------	----------------	----------------------

This is a reminder that there is a balance due on your account which you may have overlooked.

If you have made a payment and your check is in the mail, please accept our thanks. If you have not made a payment, please take a moment now to complete this form and return it along with your check. Thank You!

DATE OF REMINDER
BALANCE FORWARD \$ _____
FINANCE CHARGE \$ _____
TOTAL DUE \$ _____

CUSTOMER REPLY	<input type="checkbox"/> Full payment enclosed <input type="checkbox"/> Partial payment enclosed \$ _____
	<input type="checkbox"/> Payment previously mailed on _____ Check No. _____
COMMENTS	
CUSTOMER SIGNATURE	DATE

COLLEC01

The balance forward field will *add* the finance charge field to create the total due field.

**Collec02
Past Due Notice**

PAST DUE NOTICE

INVOICE NUMBER	ACCOUNT NUMBER	DATE PAYMENT WAS DUE
----------------	----------------	----------------------

We've already sent you one reminder, but your account remains overdue. If there is a problem in why you have not made a payment, please tell us...

If you have not made a payment, please complete this form and return it along with your check today. Your credit is important!

DATE OF PAST DUE NOTICE	
BALANCE FORWARD	\$
FINANCE CHARGE	\$
TOTAL DUE	\$

CUSTOMER REPLY	<input type="checkbox"/> Full payment enclosed <input type="checkbox"/> Partial payment enclosed \$ _____
	<input type="checkbox"/> Payment previously mailed on _____ Check No. _____
COMMENTS	
CUSTOMER SIGNATURE	DATE

COLLEC02 020000

The balance forward field will *add* the finance charge field to create the total due field.

**Collec03
Final Notice**

FINAL NOTICE

INVOICE NUMBER	ACCOUNT NUMBER	DATE PAYMENT WAS DUE
----------------	----------------	----------------------

YOUR ACCOUNT IS NOW DELINQUENT!

You have apparently ignored repeated requests for payment. Unless your payment is received within the next 10 days, we will be forced to take immediate action. Avoid trouble and expense by sending your check at once!

DATE OF REMINDER	
BALANCE FORWARD	\$
FINANCE CHARGE	\$
TOTAL DUE	\$

CUSTOMER REPLY Full payment enclosed Partial payment enclosed \$ _____

Payment previously mailed on _____ Check No. _____

COMMENTS

CUSTOMER SIGNATURE	DATE
--------------------	------

COLLEC03

The balance forward field will *add* the finance charge field to create the total due field.

Credit01 Credit Application

CREDIT APPLICATION

Date _____

Name of Firm or Corporation _____

Street _____

City _____ State _____ Zip _____

This following information is submitted for your consideration as a basis of extension of credit to us.

We operate _____ (TYPE OF BUSINESS) We have been established _____ Years.

Our legal entity is: Corporation Co-Partnership Proprietorship
(If a corporation, list names of officers and titles. If other entity, list names of partners and owners.)

Name	Address	City
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Sales Volume _____ # of Salespeople _____ Monthly Credit Desired _____

Bank Information

Bank	Account #	Address	City, State, Zip	Telephone

The following are five trade references that we are presently doing business with.
(NOTE: PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE AND ZIP)

Company	Address	City, State, Zip	Telephone

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit

Firm Name _____

Address _____

City, State, Zip _____

Authorized by _____

Title _____

CREDIT01

Simple fill-in, no calculations.

Credit02 Application for Credit

APPLICATION FOR CREDIT

APPLICATION DATE _____

AMOUNT REQUESTED _____

For the purpose of establishing credit with your company, the undersigned, guarantees the financial information below to be correct and complete to the best of my/our knowledge and authorize any credit investigation needed for verification of such.

Name of Business (DBA)		Sole <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
Corporation or Other		Date Business Started		
Street Address		City, State	Zip	
Billing Address (if Different)		City, State	Zip	
Telephone		FAX #		
Name of Accounts Payable Contact		Telephone		Extension
Bank Name and Branch		Contact		Business Check Acct.

List three principal suppliers with whom you have maintained credit for a minimum of one year.

COMPANY	ADDRESS	TELEPHONE

Name and home address of officers, partners, and owners.

FULL NAME	POSITION	RESIDENCE ADDRESS	TELEPHONE

Read before signing. I/we hereby agree to the terms, net 30 days unless otherwise stated. In the event of collection, customer pays all costs and attorney fees. Any balance over 90 days is subject to a service charge of 1-1/2% per month (18% per annum).

Signature _____ Title _____ Date _____

CORPORATION ONLY - Continuing Guarantee
In Consideration for the extension of credit for goods extended by the seller mentioned I/we:

We the undersigned, do hereby jointly severally and personally guarantee the prompt payment of any and all indebtedness of the applicant to the seller according to the terms thereof.

In case suit or action is instituted to collect any portion of an account owed by any parties to this agreement, I/we promise to pay such additional sums as the court may adjudge reasonable, including attorney's and collection fees.

Signature _____ Date _____ Signature _____ Date _____

Name _____ Name _____

Address _____ Address _____

CREDIT02

Simple fill-in, no calculations.

Credit03 Credit/Debit Memo

CREDIT/DEBIT MEMO

NO _____
DATE _____

Customer			
Address			
City	State	Zip	
Telephone			

CREDIT
 DEBIT

Method of Payment	Customer Order Number	Our Invoice Number	Salesperson	And #
<input type="checkbox"/> Cash				
<input type="checkbox"/> CC/D				
<input type="checkbox"/> Other				
<input type="checkbox"/> Credit Card				
<input type="checkbox"/> Invoice				
Date Ordered	Date Shipped	Shipped Via	Terms	

QUANTITY	STOCK NUMBER	ITEM DESCRIPTION	UNIT PRICE	TOTAL

Reason For Adjustment	SUBTOTAL
	SALES TAX
	FREIGHT
	TOTAL

Your account has been adjusted by the amount listed above.
 Please credit this amount towards your next purchase.
 Please apply this credit towards your next payment.

THANK YOU

CREDIT03 0301 0000

This form will *multiply* the quantity column by the unit price column to create the total column. The total column will *add* and display in the subtotal field. The grand total will *add* subtotal, sales tax and freight.

Credit04
Application for Credit

APPLICATION FOR CREDIT

CREDIT APPLICATION		Account #:	
		Date Business Started:	
Advertiser:		Phone:	
Agency:		Phone:	
Address:			
City/State/Zip:			

Bank Information			
Bank:		Bank:	
Branch:		Branch:	
Phone:	Acct #:	Phone:	Acct #:
Authorization:			
Date:	Signature:	Title:	

Names of Owners, Partners or Officers	
Name	Title

Trade References		
Name	Address	Phone

CREDIT04 1998

Simple fill-in, no calculations.

Delivr01 Delivery Receipt

DELIVERY RECEIPT

S O L D T O _____ **D E L I V E R Y** _____

P.O. # _____ DATE _____

ADDRESS _____

SUB _____ LOT _____

ORDER	SENT	E.O.	DESCRIPTION	CODE	PRICE	EXTENSION
X REC'D BY _____ DEL. BY _____					TOTAL \$ _____	

hereby certify that the material listed above was delivered to me to the job address shown above at _____ . Check load with driver or claims for shortage will not be allowed. Special sizes and worked lumber not returnable. All materials sold delivered to curb only. Not responsible for broken sidewalks, curbs, lawns, etc., when delivery is requested on premises. THESE MATERIALS AND SUPPLIES ARE OBTAINED FOR AND ARE TO BE USED ON AND UPON THE PREMISES ABOVE DESCRIBED.

CLERICAL, MATHEMATICAL ERRORS SUBJECT TO CORRECTION TERMS, NET 10%. Freight amounts are subject to a per-req charge of 2% per month (24% per annum).
RETURNED MATERIALS SUBJECT TO 20% RESTOCKING CHARGE, ACCOMPANIED BY INVOICE.

LOADED BY	CHECKED BY	WRITTEN BY

DELIVR01

The order column will *subtract* the sent column to create the back ordered column. The sent column will *multiply* the price column to create the extension column. The grand total will *add* the extension column.

Delivr02
Delivery Receipt (Two Column)

DELIVERY RECEIPT

<p>DATE _____</p> <p>P.O. NUMBER _____</p> <p>JOB NO. _____</p> <p>VIA _____</p>	<p>TO _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> PARTIAL DELIVERY <input type="checkbox"/> COMPLETE DELIVERY</p>
--	--

QUANTITY	DESCRIPTION

NO. OF PIECES _____ RECEIVED BY _____

DELIVR02 12/1999

Simple fill-in, no calculations.

Delivr03 Delivery Receipt (Three Column)

DELIVERY RECEIPT

Receipt # _____	DATE _____
	ORDERED BY _____
	ORDER # _____

Name _____
Address _____
City, State, Zip _____

Delivery Time _____ Delivered By _____

PRODUCT NO.	QUANTITY	DESCRIPTION

Containers	IN	OUT
Cartons		
Pallets		
Bottles		
Racks		
Boxes		

Received By _____
Date _____

DELIVR03 2008

Simple fill-in, no calculations.

**Employ01
Absence Report**

Absence Report

Name _____
Department _____ Employee No. _____
Date _____ Time _____

Submitted by: _____ Title: _____
Reviewed by: _____ (Personnel Manager)
Filed in Emp. Record by: _____ on _____ (date)

Employee is absent at this time because of:

<input type="checkbox"/> Vacation	<input type="checkbox"/> Tardy	<input type="checkbox"/> Unexcused
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Death in Family	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Partial Day	<input type="checkbox"/> Illness in Family	<input type="checkbox"/> _____

They are expected to return on:
_____ (day) _____ (date)

Notes: _____

EMPLOY01

Simple fill-in, no calculations.

Employ02 Application for Employment (Face)

Application For Employment

PERSONAL INFORMATION Today's Date _____

Print Name _____ Soc. Sec. Number _____
LAST FIRST MIDDLE

Current Address _____
NUMBER STREET CITY STATE ZIP

Former Address _____
NUMBER STREET CITY STATE ZIP

Home Telephone () _____ Referred by _____

Other Telephone () _____ Are You at Least 18 Years of Age? _____

Each applicant will be given employment consideration based on individual merit, without regard to the individual's race, color, religion, sex, national origin, the presence of a non-job related medical condition or handicap, or other categories governed by applicable law. We are an equal opportunity employer.

FOR OUR REFERENCE

Position Desired _____ Salary Desired _____ Date Available _____

Ever Work Here Before? _____ Ever Apply Here Before? _____ Related to Anyone Here? _____

Are You Employed Now? _____ Will Present Employer Give A Reference Now? _____

In Case of Emergency Contact _____
NAME RELATIONSHIP TELEPHONE

ADDRESS CITY STATE ZIP

PHYSICAL DATA

Do You Have Any Physical or Mental Limitations Which Would Restrict Your Job Performance? Yes No

If Yes, Explain _____

Are You Willing To Take a Pre-Employment Physical Examination? Yes No

Are You Willing To Take a Pre-Employment Substance Abuse Test? Yes No

EMPLOYMENT HISTORY (LIST YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE FIRST.)

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	SALARY BEG. END.	POSITION	REASON FOR LEAVING
<small>FROM TO</small>				
<small>FROM TO</small>				
<small>FROM TO</small>				
<small>FROM TO</small>				
<small>FROM TO</small>				
<small>FROM TO</small>				

EMPLOY02 © 2008

Simple fill-in, no calculations.

Employ03 Application for Employment (Back)

EDUCATION				
SCHOOL	NAME AND LOCATION	DATES ATTENDED (FROM-TO)	MAJOR SUBJECTS	DID YOU GRADUATE? (LIST DEGREE ATTAINED)
ELEMENTARY				
HIGH SCHOOL				
TRADE OR TECHNICAL				
COLLEGE OR UNIVERSITY				

List Any Areas of Special Study in School _____

REFERENCES <small>(LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS)</small>				
NAME	ADDRESS/PHONE	TELEPHONE NO.	RELATIONSHIP	YEARS KNOWN

APPLICANT'S STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or, if hired, dismissal. I authorize investigation of all statements contained in this application. I understand that this application is not and is not intended to be a contract of employment. I understand and agree that my employment is for no specific period of time and may, regardless of the date of payment of my salary, be terminated at any time without previous notice.

SIGNATURE OF APPLICANT _____ DATE _____

OTHER INFORMATION

List Any Special Qualifications You Have (SPECIALIZED TRAINING AND/OR EXPERIENCE) _____

Military Experience (DATES OF SERVICE, BRANCH, JOB TITLE, RANK, TYPE OF DISCHARGE) _____

List Any Specific Computer Skills You Have (PROGRAMS, APPLICATIONS, ETC.) _____

List Hobbies, Areas of Interest _____

DO NOT WRITE BELOW THIS LINE --- FOR OFFICE USE ONLY

NOTES _____ POSITION _____

STARTING DATE _____ PAY RATE _____

DEPARTMENT _____

POSITION _____

INTERVIEWED BY _____ DATE _____ SUPERVISOR _____

EMPLOYER'S COPY

Simple fill-in, no calculations.

Employ04 Employee Reference Request

Employee Reference Request

TO: _____

I hereby authorize the release of the information requested

Print Name	LAST	FIRST	MIDDLE	Soc. Sec. Number
Address	NUMBER	STREET	CITY	STATE ZIP
Position Applied for	_____			
Today's Date	Signature _____			

OVERALL EVALUATION (PLEASE COMPLETE THIS SECTION)

PLEASE RATE THE APPLICANT ON THE FOLLOWING	MUCH ABOVE AVERAGE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO EVALUATE
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK REFERENCE (PLEASE COMPLETE THIS SECTION IF MARKED)

Name While Employed _____ Position _____

Employment Dates From _____ To _____

Reason for Leaving _____

Would You Rehire? Yes No Explanation _____

Comments _____

Signature _____ Title _____ Date _____

PERSONAL REFERENCE (PLEASE COMPLETE THIS SECTION IF MARKED)

How Well Do You Know the Applicant? Slightly Well Very Well

Years Known _____ Relationship to Applicant _____

Have you had any knowledge of, or association with, the applicant in the last 12 months? Yes No

Signature _____ Date _____

EDUCATION REFERENCE (PLEASE COMPLETE THIS SECTION IF MARKED)

Name While in School _____

Attendance Dates From _____ To _____

Graduated? Yes No Degree/Certification/Course _____

Please Comment on Faculty Evaluations _____

Signature _____ Title _____ Date _____

EMPLOY04 02/00

Simple fill-in, no calculations.

Employ05 Employee Review Report

Employee Review Report							
Name			Department				
Job Title			Review Period				
Instructions: Complete this form during regular employee reviews (quarterly or semi-annual). Go over each point with the employee. Make suggestions for future improvement where necessary. Give the employee a copy of the report. Retain the original in the employee's file for future reference.							
Evaluation Codes: Use these codes to determine the employee's performance in each of the review areas. N=Not Reviewed or Not Applicable, U=Unsatisfactory, F=Fair, S=Satisfactory, G=Good, E=Excellent. Place an "X" in each column under the appropriate rating.							
REVIEW AREA	COMMENTS	N	U	F	S	G	E
1. Job Understanding. Does the employee know how to do the job completely and correctly?							
2. Job Skills. Does the employee possess the skills necessary to accomplish the job?							
3. Growth. Is the employee progressing in overall ability and professionalism?							
4. Performance. How accurate, complete, and timely is the employee's work?							
5. Productivity. How does output compare with what is expected in this position?							
6. Dependability. Is the employee punctual? Can the employee be counted on to get the job done?							
7. Leadership. Does the employee demonstrate leadership in the department and in the company?							
8. Attitude. Does the employee demonstrate a positive attitude and enthusiasm for the job?							
9. Cooperation. Does the employee work well with co-workers supervisors, and subordinates?							
Other Comments:							
Date of Review:			Reviewed by:				
Employee Signature:			Reviewer's Signature				

EMPLOY05 2008

Simple fill-in, no calculations.

Employ06 Employee Time Record

EMPLOYEE TIME RECORD						DATE _____			
						WEEK OF _____ TO _____			
Emp. I.D.#	Name (Last)	First	M.I.	Social Security #					
			TIME			HOURS			
DAY	DATE	DEPT.	IN	OUT	LUNCH	WORKED	OTHER	UNPAID	TOTAL
			TOTAL						
OTHER HOURS V = Vacation H = Holiday S = Sick J = Jury F = Funeral O = Other		UNPAID HOURS P = Personal S = Sick		Employee Signature _____ Supervisor Signature _____					
REMARKS									

Simple fill-in, no calculations.

Employ07 Application for Employment

Application For Employment

PERSONAL INFORMATION

Today's Date _____

Print Name _____ Soc. Sec. Number _____

LAST FIRST MIDDLE

Current Address _____

NUMBER STREET CITY STATE ZIP

Former Address _____

NUMBER STREET CITY STATE ZIP

Home Telephone () _____ Referred by _____

Other Telephone () _____ Are You at Least 18 Years of Age? _____

DATE TYPED

YEARS KNOWN

Each applicant will be given employment consideration based on individual merit, without regard to the individual's race, color, religion, sex, national origin, the presence of a non-job related medical condition or handicap, or other categories governed by applicable law. We are an equal opportunity employer.

FOR OUR REFERENCE

Position Desired _____ Salary Desired _____ Date Available _____

Ever Work Here Before? _____ Ever Apply Here Before? _____ Related to Anyone Here? _____

Are You Employed Now? _____ Will Present Employer Give A Reference Now? _____

In Case of Emergency Contact _____

NAME RELATIONSHIP TELEPHONE ADDRESS CITY STATE ZIP

PHYSICAL DATA

Do You Have Any Physical or Mental Limitations Which Would Restrict Your Job Performance? Yes No

If Yes, Explain _____

Are You Willing To Take a Pre-Employment Physical Examination? Yes No

Are You Willing To Take a Pre-Employment Substance Abuse Test? Yes No

EMPLOYMENT HISTORY (LIST YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE FIRST.)

DATE OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	SALARY BEG. / END	POSITION	REASON FOR LEAVING

EMPLOYER

POSITION _____

INTERVIEWED BY _____ DATE _____ SUPERVISOR _____

EMPLOYER

Multiple page form (two pages) with simple fill-in, no calculations.

Estimate 01

Estimate of Gross Margin

ESTIMATE OF GROSS MARGIN						
YEAR _____						
QUANTITY	PRODUCT	UNIT PRICE	ESTIMATED SALES	COST OF SALES		GROSS MARGIN
				UNIT	TOTAL	

ESTIMATE 01 OneForm

The quantity column will *multiply* the unit price column to create the estimated sales column. The quantity column will also *multiply* the cost of sales unit column to create the cost of sales total column. The gross margin column will *subtract* the estimated sales column from the cost of sales total column.

Estimat03 Estimate of Repairs

ESTIMATE OF REPAIRS		CLAIM NO: _____	Order Written By: _____		
Owner _____		Date: _____		SALES GAS OIL GREASE TOTAL GAS-OIL-GREASE	
Address _____ Phone _____		RETAIN PARTS			
YEAR _____	MAKE _____	MODEL _____	LICENSE NO. _____		SPEEDOMETER _____
QUAN.	*	DESCRIPTION OF LABOR OR MATERIAL		PARTS	REFINISH
LABOR RATE	HOURS	PER HOUR	MATERIAL RATE		
<small>Old parts removed from cars will be junked unless otherwise instructed. The above is an estimate based on our inspection and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally after the work has started worn parts are discovered which are not evident on first inspection. Because of this the above prices are not guaranteed.</small>					
REPAIR ORDER		Estimate Approved By _____		Labor _____	
<small>I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck, or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above car, truck or vehicle. Not responsible for loss or damage to car or articles left in car in case of fire, theft, or any other cause beyond our control.</small>					
Work Authorized By _____		Date _____		Part/Materials _____	
Delivered to _____		Date Delivered _____		Total Gas-Oil-Grease _____	
<small>* CODE=N-NEW U-USED R-REBUILD</small>					
TOTAL _____				Tax _____	
TOTAL _____				Paid Out-Tow & Storage _____	
TOTAL _____				Sublet Repairs _____	
TOTAL _____				TOTAL _____	

ESTIMAT03

The quantity column will *multiply* the parts column and *add* rows to create the parts/materials field in the totals area. The material rate field will also *add* to the parts/materials field. The refinish column will *add* rows to create the refinish field in the totals area. The gas, oil and grease fields will *add* to create the total gas, oil and grease field. This will also display in the total gas, oil and grease field in the totals area. The labor field in the total area is created by *multiplying* the labor hours by the labor rate. The grand total will *add* the labor, refinish, parts/materials, gas/oil/grease, tax, paid out tow & storage and sublet repairs.

Estimat04 Job Material and Labor Record

JOB MATERIAL & LABOR RECORD

LABOR				
DATE	NAME	HOURS	RATE	AMOUNT
TOTAL				

MATERIALS				
DATE	ITEM	QUANTITY	UNIT PRICE	AMOUNT
TOTAL				

TRAVEL AND MISCELLANEOUS EXPENSES		
DATE	DESCRIPTION	AMOUNT
TOTAL		

Prepared By

Date

Job Description:

Job Name:

Job Number:

Location:

Telephone:

Starting Date:

Completion Date:

COST RECORD	
ITEM	AMOUNT
Materials:	
Labor:	
Travel and Miscellaneous:	
Other (specify):	
TOTAL JOB COST	

ESTIMATOR

The labor hours column is *multiplied* by the rate column to create the amount column. The amount column is then *added* to create the total. The materials quantity column is *multiplied* by the unit price column to create amount column. The amount column is then *added* to create the total. The travel and misc. expense amount column is *added* to create the total. The totals of the labor, materials and travel are *added* to create the total job cost field.

Estimat05 Daily Job Report

DAILY JOB REPORT					JOB NAME _____
					JOB NO. _____
					ADDRESS _____
DATE _____		WEATHER _____		SUPERVISOR _____	
TEMPERATURE _____		AM _____		PM _____	
EMPLOYEES	EMPLOYEE/CLASSIFICATION		HRS.	RATE	WORK PERFORMED
MATERIAL	QTY.	MATERIAL RECEIVED		QTY.	MATERIAL USED
EQUIPMENT	ON PROJECT		HRS.	RENTED	HRS.
SUBCONT.	NAME			ADDRESS	
CHANGES/ETC.	CHANGE/ORDERS			ADDITIONAL INFORMATION	
CHANGE ORDER NO. _____					ESTIMAT05 2000

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Expense 01 Expense Report

EXPENSE REPORT

EMPLOYEE _____	DATE _____
ADDRESS _____	
CITY _____	
STATE _____	REPORTING PERIOD: _____
DEPARTMENT _____	FROM _____
BRANCH/REGION OR ZONE _____	TO _____

TRAVEL MILEAGE FROM CITY TO CITY		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From _____	To _____							
From _____	To _____							
From _____	To _____							
From _____	To _____							
From _____	To _____							
Total Travel Mileage _____								
Mileage at _____	Cents Per Mile _____							
Auto Rental _____								
Local Travel - Cab/Limo _____								
Air - Rail - Bus _____								
Hotel _____								
Breakfast _____								
Lunch _____								
Dinner _____								
Phone/Telegram/Laundry _____								
Other: _____								
Gas - Oil - Lube _____								
Parking and Tolls _____								
TOTAL EXPENSES / DAY								

SUMMARY OF ENTERTAINMENT CHARGES					
DATE	PERSON/TITLE ENTERTAINED	ITEM	REASON ENTERTAINED	RECEIPT ATTACHED	TOTAL \$ IN REPLY

EXPENSE REPORT SUMMARY	
Purpose: Tip _____	Less Cash Advances _____
Signature/Title _____	Less Charges to Co. _____
Date _____	TOTAL EXPENSES _____
Approval Signature/Title _____	Balance Due Co. _____ Emp. _____
Date _____	Check Issued: _____ Date _____ # _____

EXPENSE01 2007

The Monday thru Sunday from and to mileage will *add* columns and create a subtotal for each day. The total travel mileage will *add* each days mileage subtotal. The cents per mile will *multiply* each days mileage subtotal by the rate and total below the mileage. The total expenses/day will *add* each column Monday thru Sunday and total each one. The total expenses will *add* Monday thru Sunday totals and entertainment amount. The less cash advances and charge to company fields will *subtract* from expense total, if greater than expense total the amount will be due employer, if less than expense amount then due employee.

ExpensO2 Monthly Expense Budget

MONTHLY EXPENSE BUDGET		ACTUAL	ESTIMATE	DIFFERENCE	+ / - %
		MONTH: _____			
		SUBMITTED BY: _____			
		APPROVED BY: _____			
PERSONNEL	Office:				
	Store:				
	Salespeople:				
	Others (List):				
	Misc.:				
OPERATING	Advertising:				
	Bad Debts:				
	Depreciation:				
	Dues and Subscriptions:				
	Employee Benefits:				
	Freight:				
	Insurance:				
	Interest:				
	Legal and Accounting:				
	Maintenance and Repairs:				
	Office Supplies:				
	Postage:				
	Rent or Mortgage:				
	Sales Expenses:				
	Shipping and Storage:				
	Supplies:				
	Taxes:				
	Telephone:				
	Utilities:				
	Other (List):				
	Misc.:				
TOTAL ▶		[]	[]	[]	[]

EXPENS02 2007

The actual column will *subtract* from the estimate column to create the difference column. The actual column will *divide* the estimate column to create the + or - percent difference. Each column will *add* itself and total at the bottom.

Expens03 Yearly Expense Budget

YEARLY EXPENSE BUDGET		ACTUAL	ESTIMATE	DIFFERENCE	+ / - %
		YEAR: _____			
		SUBMITTED BY: _____			
		APPROVED BY: _____			
PERSONNEL	Office:				
	Store:				
	Salespeople:				
	Others (List):				
	Misc.:				
OPERATING	Advertising:				
	Bad Debts:				
	Depreciation:				
	Dues and Subscriptions:				
	Employee Benefits:				
	Freight:				
	Insurance:				
	Interest:				
	Legal and Accounting:				
	Maintenance and Repairs:				
	Office Supplies:				
	Postage:				
	Rent or Mortgage:				
	Sales Expenses:				
	Shipping and Storage:				
	Supplies:				
	Taxes:				
	Telephone:				
	Utilities:				
	Other (List):				
	Misc.:				
TOTAL ▶		[]	[]	[]	[]

EXPENS03 020700

The actual column will *subtract* from the estimate column to create the difference column. The actual column will *divide* the estimate column to create the + or - percent difference. Each column will *add* itself and total at the bottom.

Expens05 Travel Expense Report

TRAVEL EXPENSE REPORT								
Name	Department Name	Ext. No.	Department No. to be Charged	Account to be Charged				
EXPLAIN PURPOSE OF TRIP				CHECK ONE OR MORE <input type="checkbox"/> Sales <input type="checkbox"/> Sem. Training <input type="checkbox"/> Recruiting <input type="checkbox"/> New Employee Relocation <input type="checkbox"/> Participant <input type="checkbox"/> General Travel (Explain) <input type="checkbox"/> Attendee TRADE SHOW				
PART I EXPENSES (EXPLAIN PREPAID/CHARGED AMOUNTS IN PART II BELOW.)								
TRANSPORTATION								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
City Visited								TOTALS
Date								
Air/Rail								
Auto-Rental Taxi/Bus								
Gasoline								
Misc.**								
SUB TOTAL: TRANSPORTATION								
LODGING & MEALS								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
Room								
Breakfast								
Lunch								
Dinner								
Business Conference								
Misc.**								
SUB TOTAL: LODGING & MEALS								
DAILY TOTALS								
Was any part of the trip personal? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in PART II.							TOTAL TRIP AMOUNT	
PART II								
	Explanations					Prepaid	Amount	
A						<input type="checkbox"/> YES		
B						<input type="checkbox"/> YES		
C						<input type="checkbox"/> YES		
D						<input type="checkbox"/> YES		
E						<input type="checkbox"/> YES		
F						<input type="checkbox"/> YES		
SIGNATURES					CASH ADVANCE			
Employee		Date		PREPAID TOTAL				
Approval (Authorized Dept. Head)		Date		EXPENSES TOTAL				
					DUE COMPANY			
					DUE EMPLOYEE			

The columns and rows are *added* and display in the total fields If prepaid is checked, the amounts are *added* to create the prepaid total. The due company and due employee are determined from the final total being *less than, greater than, or equal to 0*.

Fax 01 Fax Memo

PRIORITY <input type="checkbox"/> URGENT! <input type="checkbox"/> AS SOON AS POSSIBLE <input type="checkbox"/> NO REPLY NEEDED		FAX MEMO	
DATE: _____			
TO COMPANY: _____ NAME: _____ ADDRESS: _____ CITY, STATE, ZIP CODE: _____ TELEPHONE: _____ FAX # _____		FROM COMPANY: _____ NAME: _____ ADDRESS: _____ CITY, STATE, ZIP CODE: _____ TELEPHONE: _____ FAX # _____	
MESSAGE			
REPLY AND MAIL			
IF YOU HAVE ANY TROUBLE READING THIS FAX PLEASE CALL IMMEDIATELYTHANK YOU			
<small>FAX01</small>			

Simple fill-in, no calculations.

Fax02
Facsimile Message

***A FACSIMILE
MESSAGE
FOLLOWS THIS
HEADER PLEASE
TAKE NOTE
OF IT!!***

From:	_____

Our Fax No:	_____
Reg Phone No:	_____

To:	_____
Attn:	_____
Fax No:	_____
Total Number of Pages:	_____
Message:	_____

FAX02

Simple fill-in, no calculations.

Fax03
Fax Message

The form is enclosed in a rectangular border. At the top, the word "FAX" is repeated in a large, outlined, sans-serif font, arranged in a grid pattern. Below this, there are several fields for recipient and sender information, each followed by a horizontal line for text entry. A large, empty rectangular box is provided for the message content. At the bottom, there is a small oval button with the text "IF YOU HAVE ANY TROUBLE READING THIS FAX PLEASE CALL".

DATE: _____ TIME: _____

TO (Company): _____
ATTN (Name): _____
FAX NO: _____
OF PAGES: _____

FROM (Company): _____
NAME: _____
TELEPHONE #: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

MESSAGE

IF YOU HAVE ANY TROUBLE READING THIS FAX PLEASE CALL

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Invtry01 Inventory Sheet

INVENTORY

Date: _____

Department: _____

Location: _____

Priced by: _____	Checked by: _____
Extended by: _____	Checked by: _____

QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <p style="font-size: small; margin: 0;">Remarks:</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> </div> <div style="border: 1px solid black; padding: 2px; font-size: small; margin-left: auto;"> <p style="margin: 0;">TOTAL</p> </div> </div>

INVTR01 02-000

The quantity column will *multiply* the unit price column to create the total column. The total column will *add* rows to create the grand total field.

Generate I-Form with VML Graphics.

Medcal01 Hospital Admission Records

HOSPITAL ADMISSION RECORDS												
MEDICAL RECORD #	ADMISSION DATE	ADMISSION HR.	DISCHARGE DATE	DISCHARGE HOUR	ADMISSION NUMBER							D
<input type="checkbox"/> I <input type="checkbox"/> S	LAST NAME		FIRST	MIDDLE	OPD REG #	MARITAL STATUS	SMOKER					B
PAYMENT ADDRESS			STATE	ZIP CODE	AKA NAME							D
PAYMENT EMPLOYER			EMPLOYER ADDRESS			PRIMARY PHYSICIAN						
PATIENT INFORMATION	BIRTH DATE	DR. CODE	ADMITTING PHYSICIAN		RACE	REVENUE CODE	SOCIAL SECURITY NUMBER					
	ROOM	BED	RELIGIOUS CODE	RELIGION	NAME OF CHURCH		BAPTIZED		GUARANTOR TELEPHONE			
	PLAN		CONTRACT #		GROUP #	INS. CODE	<input type="checkbox"/> YES <input type="checkbox"/> NO		VETERAN			
	PLAN		CONTRACT #		GROUP #	INS. CODE	<input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT TELEPHONE			
	PLAN		CONTRACT #		GROUP #	INS. CODE	REFERRING PHYSICIAN					
	GUARANTOR LAST NAME		GUARANTOR FIRST NAME		INITIAL	RELATIONSHIP						
	GUARANTOR ADDRESS											
	GUARANTOR TOWN		STATE	ZIP CODE								
	LEGAL NEXT OF KIN NAME			ADDRESS			TELEPHONE		RELATIONSHIP			
	ADMITTING DIAGNOSIS											
OPERATIONS & SPECIAL PROCEDURES: (Include Dates)												
CONSULTATIONS:												
COMPLICATIONS: (Include Infections)												
FINAL DIAGNOSIS: (In Relevant Order)												
DEATH: UNDER 48 HOURS _____ OVER 48 HOURS _____ AUTOPSY YES _____ NO _____												
SEND COPY OF DISCHARGE SUMMARY TO:						SIGNED: _____ M.D.						
						SIGNED: _____ M.D.						

MEDCAL01

Simple fill-in, no calculations.

Medcal02 Specimen Report

SPECIMEN REPORT

PATIENT INFORMATION		DATE	BILLING NO.	
		TIME TO BE COLLECTED	REFERRING PHYSICIAN	
		NURSING SIGNATURE	MEDICATIONS/DIAGNOSIS	
		TIME COLLECTED	PHLEBOTOMIST	<input type="checkbox"/> STAT
DATE RECEIVED	TIME RECEIVED	LAB NUMBER		

ROUTINE CULTURE	ACID FAST CULTURE	SOURCE OF SPECIMEN			ANTHUCLEAR ANTIBODY
GRAM STAIN	FUNGUS CULTURE	CLEAN VOIDED URINE	REGES		ANTITHROID ANTIBODY
ANAEROBIC CULTURE	VINCENT'S	CATH URINE	ZOO/SPIRAL		LEAGONNAIRES' DIRECT FA
TRICHOMONAS	INDIA INK/KH OH	IND. CATH. URINE	WOUND (spec body site)		HERPES
GONORRHEA CULT.	LEGIONNAIRE CULT.	THROAT			COLTID RAB ELECTRO OPG/VIDEO
GONORRHEA SMEAR	VIRAL ISOLATION	SPUTUM	OTHER (spec site)		SCHLICHTER TEST
THROAT CULTURE	CHLAMYDIA CULT.	CERVIX			C. DIFFICILE TOXIN
BLOOD CULTURE	OTHER	VAGINA			CRYPTOCOCCAL ANTIGEN

DO NOT WRITE BELOW THIS LINE - FOR LAB USE ONLY

CELLS		ORGANISMS						Gram neg. diplococci				Gram neg. rods				Comment	TECH
Polys	Epith	Gram pos. cocci	Gram pos. rods	Gram neg. cocci	Gram neg. rods	Gram neg. rods	Gram neg. rods	Gram neg. rods	Gram neg. rods	Gram neg. rods	Gram neg. rods	Gram neg. rods	Gram neg. rods	<input type="checkbox"/> No cells or organisms			

A = Minimal Inhibitory Concentration (MIC)
B = Clinical Susceptibility
VS = Very Susceptible - Attainable Levels achieved with normal dosage
MS = Moderately Susceptible - Attainable levels achieved with high dosage
MR = Moderately Resistant - Attainable levels where antimicrobial is concentrated (urine)
R = Resistant - Resistant to attainable levels

		A	B																		
		AMIKACIN	GENTAMIN	TOBRAMYCIN	CIPROFLOXACIN	MOXIFLOXACIN	CLINDAMYCIN	ERYTHROMYCIN	TRIMETHOPRIM/	SMECTANOLIN	AMPHOTERICIN	FLUCONAZOL	VALANCICLON	TAFAMULICIN	TEPACITLINE	PENCILLIN	OXALICIN	NETROMYCIN	ACICLOVIR		
	DATE TIME TECH																				
	DATE TIME TECH																				
	DATE TIME TECH																				

MEDCAL02 © 2008

Simple fill-in, no calculations.

Medcal03 Consent Upon Admission

CONSENT UPON ADMISSION TO HOSPITAL AND MEDICAL TREATMENT	
PATIENT: _____ HOSPITAL NO _____	
DATE: _____ TIME: _____	
1. I, (or _____ for _____) Knowing that I (or _____) am (is) suffering from a condition requiring diagnosis and medical or surgical treatment do hereby voluntarily consent to such diagnostic procedures and hospital care and to such medical, surgical, or X-ray treatment by Dr. _____, his assistants or his designees as is necessary in his judgement.	
2. I am aware that the practice of medicine and surgery is not an exact science and in acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.	
3. I hereby authorize _____ to retain, preserve and use for scientific purposes, or dispose of at their convenience, any specimens or tissues taken from my body during my hospitalization.	
4. I hereby consent to the administration of whatever anesthesia is indicated by or under the direction and supervision of the Anesthesia Department.	
5. This form has been fully explained to me and I certify that I understand its contents.	
_____ <small>Signature of Witness</small>	_____ <small>Signature of Patient</small>
Release the hospital from any responsibilities for valuables, money, personal or other possessions which are not deposited by me with the hospital depository.	
_____ <small>Signature of Witness</small>	_____ <small>Signature of Patient</small>
(If patient is unable to consent or is a minor, complete the following):	
Patient (is a minor _____ years of age) is unable to consent because _____	
_____ <small>Signature of Witness</small>	_____ <small>Signature of Closest Relative or Legal Guardian</small>
Statement to Permit Payment of Medicare Benefits to Provider Physicians and Patient	
_____ <small>Name of Beneficiary</small>	_____ <small>HI Claim Number</small>
I request payment of authorized Medicare benefits to me or on my behalf for any services furnished me by or in this Hos- pital, including physician services. I authorize any holder of medical and other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services. I assign the benefits pay- able for physician services to the physician or organization furnishing the services or authorize such physician or organiza- tion to submit a claim to Medicare for payment to me.	
Date: _____ Signed: _____	
<small>MEDCAL03</small>	

Simple fill-in, no calculations.

Medcal04 Patient Information

PATIENT INFORMATION			
Date <input style="width: 100%;" type="text"/>			
Patient (First, Middle, Last Names. Please Do Not Use Initials)		Birthdate	
Marital Status			
Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>			
Home Address			
City		State	Zip Code
Patient Employed By			Occupation
Business Address		Soc. Sec. #	
City		State	Business Phone
Name of Spouse			
Spouse Employed By		Occupation	
Business Address			
City		State	Business Phone
Patient Referred By			
If Patient is Minor, Name of Responsible Parent			
Do you have Medical or Surgical Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Insurance Company		Medi-care No.	Medi-cal No.
Type <input type="checkbox"/> Cert. No. <input type="checkbox"/>			
Comments:			

MEDCALDA 1998

Simple fill-in, no calculations.

Medcal05 Health Insurance Claim Form

APPROVED UMB-0909-0008

PLEASE DO NOT STAPLE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAD <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER		<input type="checkbox"/> PICA <input type="checkbox"/> PICA	
1. MEDICARE # (Medicare #) <input type="checkbox"/> MEDICAD # (Medicaid #) <input type="checkbox"/> SPONSOR'S SSN (Sponsor's SSN) <input type="checkbox"/> VA File # <input type="checkbox"/>		14. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE (MM / DD / YYYY) SEX <input type="checkbox"/> M <input type="checkbox"/> F	
5. PATIENT'S ADDRESS (No. Street) CITY STATE		6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No. Street) CITY STATE	
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		10. IS PATIENT'S CONDITION RELATED TO: a. OTHER INSURED'S POLICY OR GROUP NUMBER b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. OTHER INSURED'S DATE OF BIRTH (MM / DD / YYYY) c. EMPLOYER'S NAME OR SCHOOL NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH (MM / DD / YYYY) b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits to the undersigned physician or supplier for services described below.)	
14. DATE OF CURRENT ILLNESS (Full symptoms) OR INJURY (Accepted OR PREGNANCY (AMP))		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS (GIVE FIRST DATE)	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 or 4 TO ITEM 24E BY LINE)		22. MEDICAD RE Submission CODE ORIGINAL REF. NO.	
24. A. DATES OF SERVICE From To B. Place of Service C. Type of Service D. PROCEDURES, SERVICES, OR SUPPLIES (Enter Unusual Circumstances) E. DIAGNOSIS CODE		23. PRIOR AUTHORIZATION NUMBER	
25. FEDERAL TAX I.D. NUMBER SIN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) 33. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	

SIGNED _____ DATE _____ SIGNED _____ DATE _____

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8-89) PLEASE PRINT OR TYPE MEDICAL USE FORM HCFA-1500 (12-90) FORM 2806-C (1990)

Simple fill-in, no calculations.


Generate I-Form with VML Graphics.

Memo01
Simple Memo

MEMO

	TO	<hr/> <hr/> <hr/>
DATE _____		
SUBJECT _____		
SIGNED _____		

NO REPLY NECESSARY PLEASE REPLY TELEPHONE RETURN ENCLOSED MEMO WITH REPLY

MEMO01 

Simple fill-in, no calculations.


Memo02
Memo and Reply

TO: _____ FROM: _____ DATE: _____	TO: _____ FROM: _____ DATE: _____
MEMO & REPLY	
M E M O	BY _____
R E P L Y	BY _____

MEM002 02-00

Simple fill-in, no calculations.

Memo03 Reply Memo

PRIORITY <input type="checkbox"/> URGENT! <input type="checkbox"/> AS SOON AS POSSIBLE <input type="checkbox"/> NO REPLY NEEDED		REPLY MEMO
TO COMPANY: NAME: ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE:	FROM COMPANY: NAME: ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE:	
MESSAGE DATE: 		
REPLY AND MAIL DATE: 		
<p>PLEASE MAIL YOUR REPLY</p> <p>MEMO03 </p>		

Simple fill-in, no calculations.

Memo04
While You Were Out

To _____

Date _____ Time _____

WHILE YOU WERE OUT


of _____

Phone (_____)

Area Code	Number	Extension
RETURNED YOUR CALL		PLEASE CALL
CALLED TO SEE YOU		WILL CALL AGAIN
WANTS TO SEE YOU		URGENT

Message

Operator _____

MEMO04 

Simple fill-in with a drop-down list of choices.

Order 01 Order Form

ORDER FORM

_____ NEW ACCOUNT RE-ORDER

S
O
L
D
I
O

S
H
I
P
T
O

ORDER DATE	CUSTOMER P.O. #	PHONE	SPECIAL INSTRUCTIONS
BUYER'S NAME		TERMS	
SHIP VIA	CANCEL DATE <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIP NOW <input type="checkbox"/> SHIP LATER <input type="checkbox"/>	

STOCK NO.	QUANTITY ORDERED	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
TOTAL ▶				

THIS ORDER SUBJECT TO FACTORY APPROVAL.

_____ BUYER
_____ SALESMAN

Thank You

ORDER 01 1998

The quantity ordered column will *multiply* the unit price to create the amount column. The amount column will *add* rows to create the grand total field at the bottom.

Order05 Publication Order Form

PUBLICATION ORDER FORM

SOLD TO:				SHIP TO:			
Name				Name			
Address				Address			
City		State	Zip/Postal Code	City		State	Zip/Postal Code
Telephone #		Country		Telephone #		Country	
Order No.		Acct No.		Date			
Date Rec'd		Tax ID #		Pick Up <input type="checkbox"/> Will Call <input type="checkbox"/> Deliver <input type="checkbox"/>		Other <input type="checkbox"/>	
Payment Method							
<input type="checkbox"/> Cash <input type="checkbox"/> On Account Name as it appears on credit card _____							
<input type="checkbox"/> C.O.D. <input type="checkbox"/> Credit Card Type _____ Acct # _____ Exp. Date _____							
Comments							
TITLE	AUTHOR	ISBN	QTY.	UNIT PRICE	AMOUNT	TAX	TOTAL TAX
						SUBTOTAL	
						TAX	
						TOTAL	
All claims and returned goods must be accompanied by this bill.							
Received By _____							

ORDERFORM 610000

The quantity column will *multiply* the price column to create the amount. The tax percent will *multiply* amount to get the tax per item. The amount column is *added* to create the subtotal field. The tax per item column is added to create the tax total. The subtotal and tax total are *added* to create the grand total.

**Order07
Production Order Form**

PRODUCTION ORDER

Company Name		
Address		
City	State	Zip/Postal Code
Telephone #	Country	

Req. No.	Job No.	Date
----------	---------	------

CATEGORY	ASSEMBLY NO.	QTY. TO MFG.	START DATE	DUE DATE	COMMENTS

BILL OF MATERIALS

CATEGORY	PART NO.	DESCRIPTION	QTY. PER UNIT	QTY. REC'D	QTY. ISSUED	ADDITIONAL PARTS

DATE	QTY. PRODUCED	BALANCE	SPECIAL INSTRUCTIONS

Filled By	Date
-----------	------

ORDERFORM

Simple fill-in, no calculations.

Order8 Subscription Order Form

SUBSCRIPTION ORDER FORM

Name (Mr./Mrs./Ms.)		
Title		
Company Name		
Address		
City	State	Zip Code
Phone No.	FAX No.	
Bill Me Later <input type="checkbox"/>	Payment Enclosed <input type="checkbox"/>	Amount Enclosed

ORDER111

Simple fill-in, no calculations.

Packng01 Packing List

PACKING LIST

ORDER # _____
DATE _____

SHIPPED TO
NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

NOTE
When referring to this shipment be sure to give order # and shipping date.

DATE ORDERED _____ CUSTOMER ORDER NUMBER _____ DATE SHIPPED _____ ATTENTION _____
SHIPPED VIA _____ CONTAINER NUMBER _____ OUR INVOICE NUMBER _____

#	QUANTITY	ITEM NUMBER	SHIPPED	BACK ORDERED	DESCRIPTION	UNIT WEIGHT	TOTAL WEIGHT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

COMMENTS

PACKED BY _____
PACKING _____

The quantity column *minus* the shipped column equals the back ordered column. The shipped column will *multiply* the unit weight column to create the total weight column.

Payrol01 Payroll Change

EFFECTIVE DATE _____

THIS FORM DOES NOT APPLY TO NEW HIRES

PAYROLL CHANGE

EMPLOYEE I.D.#.	NAME (LAST)	FIRST	M.I.	SOCIAL SECURITY #
STREET				
CITY		ST	ZIP	PHONE #
PAY GRADE				

CHANGE	FROM	TO
JOB		
DEPT.		
SHIFT		
PAY		

REASON FOR CHANGE:

HIRED
 REHIRED
 PROMOTION
 DEMOTION
 TRANSFER
 OTHER (see comments)

RESIGNATION
 RETIREMENT
 LAYOFF
 DISCHARGE
 MERIT INCREASE

LEAVE OF ABSENCE		CHARGED TO VACATION		ADVANCED PAY AUTHORIZED		OTHER
FROM	TO	YES	NO	YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SUPERVISOR:		APPROVED BY:			DATE	

COMMENTS

PAYROL01 2007

Simple fill-in, no calculations.

**Payrol02
Payroll Change**

Payroll Change

Name _____
Department _____ Employee No. _____
This change is effective Date _____

<input type="checkbox"/> Discharged	<input type="checkbox"/> New Hire
<input type="checkbox"/> Resigned	<input type="checkbox"/> Performance Review
<input type="checkbox"/> Payroll Reduction	<input type="checkbox"/> Prev. Scheduled Increase
<input type="checkbox"/> Demotion	<input type="checkbox"/> Probation Period Ended
<input type="checkbox"/> Layoff	<input type="checkbox"/> Cost of Living Increase
<input type="checkbox"/> Retirement	<input type="checkbox"/> Promotion
<input type="checkbox"/> Job Change	<input type="checkbox"/> _____

	Was	Is Now
Job Title	_____	_____
Department	_____	_____
Pay Rate	_____	_____
Other	_____	_____

Submitted By: _____ Title: _____
Approved By: _____ Title: _____
Filed in Emp. Record By: _____ on _____ (Date)

PAYROL02 02/99

Simple fill-in, no calculations.

Payrol04 Payroll Check

PAYROLL CHECK

CHECK NO.	SOCIAL SECURITY NO.	EMPLOYEE NAME	PERIOD	PERIOD END.	DATE				
EARNINGS			TAXES			MISCELLANEOUS DEDUCTIONS			
TYPE	HOURS	RATE	AMOUNT	TYPE	CURRENT	YTD	TYPE	CURRENT	YTD
TOTALS		HOURS	AMOUNT	TAXES			MISC. DED.		NET PAY
➔									
GROSS YTD									

PAY _____

TO THE ORDER OF _____

AUTHORIZED SIGNATURE _____

DATE

AMOUNT

PAYROL04 www

The hours column will *add* and display in the total hours field. The hours column will also *multiply* the rate column to create the gross pay amount. The taxes and misc columns will *add* and total at the bottom of the columns. The net pay field is calculated by *subtracting* the tax and misc column totals from the gross pay amount. The net pay value is also placed in the check body for the amount of check.

Generate I-Form with VML Graphics.

Payrol05 Payroll Change

PAYROLL CHANGE									
<input type="checkbox"/> PAYROLL		<input type="checkbox"/> PENSION SAVINGS							
<input type="checkbox"/> MEDICAL / DENTAL		<input type="checkbox"/> PERSONNEL RECORDS							
FIRST NAME		MIDDLE NAME		LAST NAME		EMPLOYEE NO.		BIRTHDATE	
SOCIAL SECURITY NO.		NO. AND STREET		CITY		STATE		ZIP CODE	
IF BARGAINING UNIT EMPLOYEE: UNION NAME				LOCAL #					
CURRENT STATUS									
START DATE		COMPANY			JOB TITLE		FULL TIME		
							PART TIME		
DEPARTMENT		LOCATION			STATE WORKING IN		TEMPORARY		
							SEASONAL		
PROPOSED ACTION (COMPLETE APPLICABLE PORTION ONLY)									
<input type="checkbox"/> PROMOTION		EFFECTIVE DATE		COMPANY		DEPARTMENT		FULL TIME	
<input type="checkbox"/> MERIT INCREASE								PART TIME	
<input type="checkbox"/> ADJUSTMENT		LOCATION		STATE WORKING IN		JOB TITLE/GRADE		TEMPORARY	
<input type="checkbox"/> TRANSFER								SEASONAL	
<input type="checkbox"/> NEW HIRE		DATE LAST INCR		AMT. LAST INCR		CURRENT PAY RATE		PROPOSED PAY RATE	
<input type="checkbox"/> REHIRE								% INCR	
<input type="checkbox"/> REINSTATE		IF INDIVIDUAL PREVIOUSLY WORKED FOR THIS COMPANY, DIVISION OR SUBSIDIARY, COMPLETE BELOW:							
<input type="checkbox"/> RETURN FROM LEAVE									
APPROVED LEAVE OF ABSENCE									
<input type="checkbox"/> NON JOB RELATED ILLNESS/INJURY		LAST DAY WORKED		EFFECTIVE DATE		ESTIMATED DATE OF RETURN			
<input type="checkbox"/> JOB RELATED ILLNESS/INJURY									
<input type="checkbox"/> MATERNITY									
<input type="checkbox"/> OTHER (EXPLAIN)									
TERMINATION									
<input type="checkbox"/> VOLUNTARY		EFFECTIVE DATE		DEDUCTIONS		YES		NO	
<input type="checkbox"/> LAYOFF				SEVERANCE PAY		YES		NO	
<input type="checkbox"/> DISCHARGE		LAST DAY WORKED		VACATION NOT TAKEN		YES		NO	
<input type="checkbox"/> RETIREMENT									
<input type="checkbox"/> OTHER:		RECOMMEND FOR REHIRE		YES		NO		MAIL FINAL CHECK TO THIS ADDRESS	
<input type="checkbox"/> IF YES, EXPLAIN UNDER REMARKS									
REMARKS									
EXPLAIN THE REASONS FOR ACTION REQUIRING THE USE OF THIS FORM.									
RETURN APPROVED COPY TO:									
NAME					ORIGINATOR				
COMPANY					DEPARTMENT APPROVAL				
MAILING ADDRESS					EXECUTIVE APPROVAL				
CITY, STATE, ZIP					PERSONNEL				

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Prmsry01
Promissory Note/Installment Payments

PROMISSORY NOTE
Installment Payments

For value received, the undersigned, jointly and severally promise to pay in lawful money of the United States of America to the order of _____, at _____ the sum of _____ (\$ _____) Dollars, together with interest at the rate of _____ per cent per annum on the deferred balances until paid; said principal and interest shall be paid in _____ installments of not less than _____ (\$ _____) each; the first said installment shall be paid on or before the _____ day of _____, _____ and thereafter on the _____ day of each and every _____ during the continuance of this loan.

Said payments shall be credited first to the payment of accrued interest, and the balance of such payment in excess of said interest shall be credited upon the principal of this note, and thereafter interest shall be charged only upon the remaining unpaid part of the principal. Said payments to continue until the aggregate amount paid on account of principal shall equal to the amount of the total principal promised herein.


If default be made in the payment of any installment under this note and if such default is not made good within thirty days, the entire principal sum and accrued interest shall at once become due and payable without notice at the option of the holder of this note. Failure to exercise this option shall not constitute a waiver of the right to exercise the same in the event of any subsequent default.

Now, should it become necessary to collect this not through an attorney each of us, whether maker or endorser, hereby agrees to pay all costs of collection, including a reasonable attorney's fee and hereby waives presentment for payment, protest, and notice of protest and nonpayment of this note.

This note and deferred interest payments shall bear interest at the rate of _____ per cent per annum from maturity until paid. This note is secured by a mortgage.

(SEAL)

(SEAL)

PMSRY01 

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Prmsry02
Promissory Note/General Form

PROMISSORY NOTE
General Form

\$ _____ City of _____, State of _____ Date _____.

FOR VALUE RECEIVED, I (or we, jointly, jointly and severally) promise to pay to the order of _____ the principal sum of _____ dollars (\$ _____) in lawful money of the United States, with interest thereon from _____ at the rate of _____% per annum until paid, payable on _____ and _____ thereafter, and if not paid as it becomes due, to be added to the principal and become a part thereof and to bear interest at the same rate.

(SEAL)

(SEAL) PRMSRY02 2004

Simple fill-in, no calculations.

**Prmsry03
Promissory Note**

PROMISSORY NOTE

\$ _____

ON _____ (WE) PROMISE TO PAY TO

THE ORDER OF _____ DOLLARS

THE SUM OF \$ _____

PAYABLE AT _____
Name and Address of Maker's Bank, or Address of Maker if no Bank Account

VALUE RECEIVED _____ SIGNATURE _____
If Corporation, Signature and Title of Officer Authorized to Sign

PMSRY03 02/01/00

Simple fill-in, no calculations.

Propsl01 Proposal

PROPOSAL		No. _____ Page No. ____ of ____
From: _____ _____ _____	Submitted To: _____ Attn: _____ City: _____ State: _____ Zip: _____ Phone: _____	
Person submitting:		
Job Name: _____	Job Location: _____	Job Phone: _____
We submit the following specifications and estimates for:		
Per this proposal, labor and material will be provided in accordance with above specifications, for the sum of: _____ dollars (\$ _____).		
Authorized signature: _____ We reserve the right to withdraw this proposal if not accepted within time specified. _____ days.	Payment to be made as follows: All material is guaranteed to be as specified and will be completed per standard practices. Any alteration or deviation from above specifications involving additional costs will be executed only upon written orders, and will represent an extra charge in addition to the estimate given. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner is responsible for all necessary insurance. Work will be completed by workers fully covered by workmen's compensation insurance.	
Acceptance of Proposal:		
The above prices, specifications and conditions are satisfactory and are accepted. Signature of this proposal authorizes work to be completed as specified. Payment will be made as stated above.		Signature: _____
Date of Acceptance: _____	Signature: _____	
PROPSL01 1998		

Simple fill-in, no calculations.

Prop102 Proposal

Proposal		
Page No. _____ of _____ Pages		
Proposal Submitted To:	Phone:	Date:
Street:	Job Name:	
City, State and Zip Code:	Job Location:	
Architect:	Date of Plans:	Job Phone:
<p>We hereby propose to furnish materials and labor necessary for the completion of:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
<p>WE PROPOSE: hereby to furnish materials and labor - complete accordance with the above specifications, for the sum of: _____ dollars (\$ _____)</p>		
<p>Authorized Signature _____</p> <p>Note: This Proposal may be withdrawn by us if not accepted within _____ days.</p> <p>Signature: _____</p> <p>Signature: _____</p>	<p>All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.</p> <p>ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.</p> <p>Date of Acceptance: _____</p>	
PROPOSAL FORM 102		

Simple fill-in, no calculations.

**Propsl03
Prospect File**

PROSPECT FILE

NEW UPDATE FOLLOW-UP DATE _____

COMPANY NAME _____

CONTACT _____ TITLE _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

MARKET SEGMENT _____

CALL-IN REFERRAL REFERRED BY _____

CURRENT SUPPLIER _____

APPROXIMATE VOLUME (MONTHLY) _____

FORM LETTERS SENT _____

MATERIAL SENT _____

SALES CALLS (DATE AND SUMMARY) _____

DATE AND SUMMARY OF LAST DISCUSSION _____

GENERAL COMMENTS _____

DESIRABILITY AS CLIENT: VERY HIGH HIGH MEDIUM LOW

PROPSL03 02/99

Simple fill-in, no calculations.

**Purchs01
Purchase Order**

PURCHASE ORDER

P.O. NUMBER	
DATE	DATE SHIPPED
TERMS	
SHIP VIA	
FOB	

SOLD TO:

SHIPPED TO:

UNIT	QTY.	PLEASE SUPPLY ITEMS BELOW	UNIT PRICE	AMOUNT

IMPORTANT
The Purchase Order Number must appear on all invoices, acknowledgments, bills of lading, correspondence and shipping cartons. Please notify us if you are unable to ship complete order by date specified.

Please send _____ copies of your invoice

AUTHORIZED SIGNATURE

PURCH01

The quantity column will *multiply* the unit price column to create the amount column.

Purchs03 Purchase Order

PURCHASE ORDER PURCHASE ORDER NUMBER _____

DATE _____ PAGE _____ TO _____

PURCHASER			SELLER		

MATERIAL CERTIFICATION REQUIRED YES NO RESALE YES NO

SHIP VIA _____	F.O.B. _____	TERMS _____	REQUESTED BY _____	DATE IN OUR PLANT _____	SHIP DATE _____
----------------	--------------	-------------	--------------------	-------------------------	-----------------

1 LINE	QUANTITY		DESCRIPTION	UNIT PRICE	WEIGHT	EXTENDED PRICE
	ORDERED	RECEIVED				

MATERIAL RECEIVED BY _____ DATE _____ RENDER INVOICES IN DUP. _____ OUR CHARGE NO. _____

SHIPPING DOCUMENTS & ALL INVOICES MUST SHOW THIS PURCHASE ORDER NUMBER _____

SELLER ACKNOWLEDGEMENT COPY AND FORWARD BY RETURN MAIL. SIGNATURE CONFIRMS SELLER'S ACCEPTANCE AND AGREEMENT TO TERMS AND CONDITIONS (INCLUDING THOSE ON REVERSE OR ATTACHED) PRICES AND DELIVERY.

<small>SELLER AUTHORIZED SIGNATURE _____</small> <small>DATE _____</small>	<small>BY _____</small> <small>TITLE _____ PURCHASING AGENT <input type="checkbox"/></small>
---	---

THIS PURCHASE ORDER IS SUBJECT TO, AND SELLER AGREES TO, THE TERMS AND CONDITIONS ON REVERSE SIDE AND/OR ATTACHED HERETO

PURCHS03 2008

The quantity ordered column will *multiply* the unit price column to create the extended price column.

Quote02 Quotation Form

QUOTATION

_____ Date _____

We are pleased to submit the following quotation for your consideration:

Quantity	Unit Price	Description	Amount
Quoted by _____		Total Quotation	

➔ **Important:** Prices good for acceptance and delivery in 30 days only, unless such time is extended in writing.

Notes:

Accepted by _____ Date _____

QUOTE02 03 Form

The quantity column will *multiply* the unit price column to create the amount column. The amount column will *add* to create the quotation grand total at the bottom of the form.

Relest01 Rental Property Cash Ledger

RENTAL PROPERTY CASH LEDGER										
Report From: _____					Report To: _____					
<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY										
TENANT'S NAME	DATE	APR. NO.	RENTAL RATE	RENTAL PERIOD		CASH RECEIVED			AMOUNT PAST DUE	VACANT RENT SCHEDULE
				FROM	TO AND INCL.	RENT	MISC.	TOTAL		
TOTALS										

Remarks and Requisition for Supplies: 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">CASH REPORT</th> </tr> </thead> <tbody> <tr> <td>Cash On Hand</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Cash Received</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">PETTY CASH EXPENDITURES</th> </tr> <tr> <th style="width: 70%;">ITEM</th> <th style="width: 30%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>Total Petty Cash Expenditures</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Cash Deposited</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Cash Herein</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Balance on Hand</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	CASH REPORT		Cash On Hand	\$	Cash Received	\$	Total	\$	PETTY CASH EXPENDITURES		ITEM	AMOUNT																							Total Petty Cash Expenditures	\$	Cash Deposited	\$	Cash Herein	\$	Balance on Hand	\$
CASH REPORT																																											
Cash On Hand	\$																																										
Cash Received	\$																																										
Total	\$																																										
PETTY CASH EXPENDITURES																																											
ITEM	AMOUNT																																										
Total Petty Cash Expenditures	\$																																										
Cash Deposited	\$																																										
Cash Herein	\$																																										
Balance on Hand	\$																																										

The rental rate, vacation rent schedule, cash received rent and misc columns will *add* and total at the bottom of the form. The cash received and misc columns will *add* to create the cash received total column which will also *add* and total at the bottom of the form. The cash received total column will *subtract* from the rental rate column and if the value is less than the rental rate it will be displayed in the past due column. The cash report box will take the total value from the cash received column and *add* the cash on hand field to create the cash report total field. The petty cash box will *add* the amount column and display in the petty cash total field. The petty cash total and cash deposited field will *subtract* from balance on hand to create the total cash available.

Relest02 Commercial and Industrial Property

COMMERCIAL AND INDUSTRIAL PROPERTY					
Location		Size		Date	
<input type="checkbox"/> For Sale <input type="checkbox"/> For Lease <input type="checkbox"/> Investment <input type="checkbox"/> Vacant <input type="checkbox"/> Leased <input type="checkbox"/> Owner Occupant <input type="checkbox"/> Under Construction					
Brief Description:					
Land Dimensions					
Land Area		Sq. Ft.		Acres	
In City Or		County		Lot & Block #	
Other Legal					
Frontage On			Corner Of		
Zoning					
Building Dimensions					
Bulkng Area					
Amount Office					
District			Year Built		
Condition			Construction		
Parking			Office A/C & Heat		
Whse. Heat			Ceiling Ht. (Clear)		
# Toilets			Rall		
# Car Spots			Truck Spots		
Dock High			Drive-In Door		
Heavy Wiring			Spirinkers		
Other					
Sale Price				Cash Required	
Existing Mortgages					
1st	\$	%INT.	Term	Expires	Per Mo. \$
2nd	\$	%INT.	Term	Expires	Per Mo. \$
Owner Take Back		%INT.	Term	Expires	Per Mo. \$
Present Tenant			Lease Expires		
Present Income			Taxes		Ins.
Less Expenses			Utilities/Maint.		
Net Operating Income			Mgmt.		Repair
Net Service			Misc.		
Gross Spendable Income			% Return On Cash		
Listed By			Exclusive Open Express		Sign
Date			Exclusive Reserved		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expires
In File <input type="checkbox"/> Legal-Plot <input type="checkbox"/> Plan-Survey-Floor <input type="checkbox"/> Plan-Maps					
Owner Address					
City		State		Zip Code Phone	

Simple fill-in, no calculations.

Receipt 01 Cash Receipt

CASH RECEIPT													
Received From _____	DATE _____												
Address _____													
_____ Dollars \$	<input type="text"/>												
For _____													
By _____	<table border="1"><tr><td>Total Due</td><td><input type="text"/></td></tr><tr><td>Amount Paid</td><td><input type="text"/></td></tr><tr><td>Balance Due</td><td><input type="text"/></td></tr></table> <table border="1"><tr><td>Cash</td><td><input type="text"/></td></tr><tr><td>Check</td><td><input type="text"/></td></tr><tr><td>Money Order</td><td><input type="text"/></td></tr></table>	Total Due	<input type="text"/>	Amount Paid	<input type="text"/>	Balance Due	<input type="text"/>	Cash	<input type="text"/>	Check	<input type="text"/>	Money Order	<input type="text"/>
Total Due	<input type="text"/>												
Amount Paid	<input type="text"/>												
Balance Due	<input type="text"/>												
Cash	<input type="text"/>												
Check	<input type="text"/>												
Money Order	<input type="text"/>												

RECIPT01: 200 1000

The total due field will *subtract* from the amount paid field to create the balance due field. The dollar amount will transfer to the amount paid once filled on the form.

Receipt02 Cash Receipt

— CASH RECEIPT —

Date _____

Received of _____

\$ _____ Dollars

For _____

Bal. Due \$ _____

Paid \$ _____

Total \$ _____

Check # _____

Cash _____

Other _____

Signed _____

RECIPIENT COPY

receipts.com

The total field will *subtract* from the dollar field to create the balance due field. The dollar amount will transfer to the paid field once filled on the form.

Receipt03
Receipt

The image shows a receipt form template enclosed in a large rectangular frame. The form itself is a smaller rectangle with a thick border. At the top left of the form is a rounded rectangle containing the word "RECEIPT". To its right is the text "DATE" followed by a horizontal line. Below this is a larger rounded rectangle containing the text "RECEIVED OF" followed by a horizontal line. Below that are two more horizontal lines, with the word "DOLLARS" positioned to the right of the second line. At the bottom left of the form is the text "BY" followed by a horizontal line. To its right is a dollar sign "\$" followed by a horizontal line, and further right is the text "Thank You". In the bottom right corner of the form, there is a small logo and the text "RECEIPT03".

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Receiv01 Receiving Record

RECEIVING RECORD						
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center; font-weight: bold;">RECEIVED FROM</div> Name _____ Address _____ City _____ State _____ Zip _____ Telephone _____ Fax # _____						<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">P.O. Number _____</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Date Received _____</div> <div style="border: 1px solid black; padding: 2px;">Customer # _____</div>
P.O. NUMBER	RECEIVED BY	SHIPPED BY	COMPLETE	BACK ORDERED	TOTAL # OF PIECES	CONDITION
ITEM NUMBER	# RECEIVED	# BACKORD'D	# ORDERED	DESCRIPTION		
NOTES						
<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center; font-weight: bold;">THIS REPORT MUST BE COMPLETE AND ACCURATE</div>						Received By _____ → _____ <small>SIGNATURE</small>
<small>RECEIV01 2004-01-01</small>						

The number order column will *subtract* from the number received column to create the number back ordered column. The number received column will *add* and create the total number of pieces field at the top of the form. The number back ordered column will *add* and create the backordered field at the top of the form.

Receiv02 Receiving Record

RECEIVING RECORD

DATE	P.O. # OR RETURNED GOODS	VIA	FREIGHT BILL NO.	PREPAID	COLLECT
------	--------------------------	-----	------------------	---------	---------

RECEIVED FROM _____

ADDRESS _____

ITEM NO.	QUANTITY	DESCRIPTION	REMARKS - CONDITION - ETC.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

NO. OF PACKAGES	WEIGHT	CHECKED BY	RECEIVED BY	DELIVERED TO
-----------------	--------	------------	-------------	--------------

REMARKS: CONDITIONS, ETC.

Simple fill-in, no calculations.

Receiv03 Receiving Record

RECEIVING RECORD

Purchase Order Number: _____

Ship To _____ Issued To _____

DATE	SHIP BY	FREIGHT	CONFIRM TO
TERMS	SHIP DATE	SPECIAL INSTRUCTIONS	

QTY ORD	QTY REC	ITEM NO.	DESCRIPTION	

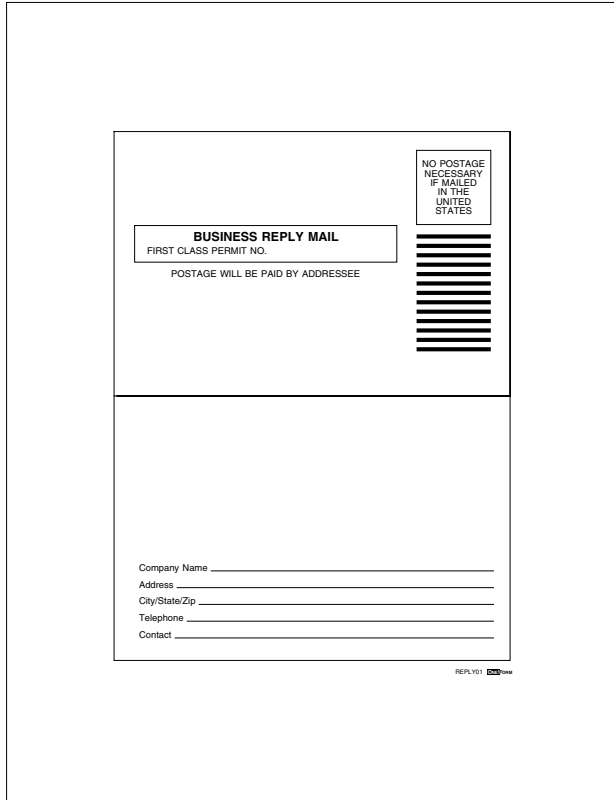
RECEIVED: COMPLETE INCOMPLETE

Received By _____ Authorized Signature _____
Date _____ Title _____

RECEIV03 000

Simple fill-in, no calculations.

Reply 01
Business Reply Mail



The form is enclosed in a large rectangular border. Inside, there is a smaller rectangular area representing the mail piece. This area is divided into two horizontal sections. The top section contains a box on the left with the text "BUSINESS REPLY MAIL" and "FIRST CLASS PERMIT NO." below it. Below this box is the text "POSTAGE WILL BE PAID BY ADDRESSEE". To the right of this box is a vertical stack of ten horizontal bars, and above them is a small box containing the text "NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES". The bottom section of the mail piece area contains five horizontal lines for the following labels: "Company Name", "Address", "City/State/Zip", "Telephone", and "Contact".

Simple fill-in, no calculations.

Reply02 Reply Memo

REPLY MEMO

F R O M	T O
S U B J E C T	
M E S S A G E	
SIGNED _____ DATE _____	
R E P L Y	
SIGNED _____ DATE _____	

REPLY02

Simple fill-in, no calculations.

Requis01 Requisition Slip

REQUISITION FORM							DATE _____
							REQ NUMBER _____
FROM:			CHARGE TO		DELIVER TO		
			JOB NUMBER		ATTENTION		
QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT OF PURCHASE	DATE REQUIRED	UNIT PRICE	COST	
SPECIFICATIONS				TOTAL COST <input style="width: 100px;" type="text"/>			
				REQUISITIONED BY: _____			
				DATE: _____			

REQUIS01

The quantity column will *multiply* the unit price column to create the cost column. The cost column will *add* and create the total cost field at the bottom of the form.

Requis02 Material Requisition

MATERIAL REQUISITION						
REQ. DATE	REQUISITIONED BY	DELIVERY DEADLINE	CHARGE D. ACCT.	DELIVERTO		
ITEM	QTY.	UNIT	DESCRIPTION	ESTIMATED COST	PURCHASING USE ONLY	
					UNIT PRICE	EXTENDED
CERTIFICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO		SHIP VIA	APPROVED BY	DATE	TOTAL	TOTAL
SUGGESTED VENDORS						
1. _____						
2. _____						
3. _____						
PURCHASING USE ONLY						
AUTHORIZED BY _____				DATE _____		
VENDOR _____				VENDOR'S PROMISED SHIP DATE _____		
ADDRESS _____				<input type="checkbox"/> RESALE		<input type="checkbox"/> TAXABLE
CONTACT _____				TERMS _____		P.O. NUMBER _____
TELEPHONE _____				BUYER _____		APPROVAL _____

The quantity column will *multiply* the unit price column to create the extended column. The extended and estimated cost column will *add* and total at the bottom of each column.

**Requis03
Form Requisition**

REQUISITION FORM		DATE _____				
		REQ NUMBER _____				
FROM: _____		CHARGE TO JOB NUMBER _____	DELIVER TO ATTENTION _____			
QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT OF PURCHASE	DATE REQUIRED	UNIT PRICE	COST
TAXEXEMPT YES NO		TOTAL COST		_____		
SPECIFICATIONS _____		REQUSTIONED BY _____				
RECOMMENDED SUPPLIERS _____		DATE _____				

REQUIS03

The quantity column will *multiply* the unit price column to create the cost column. The cost column will *add* and create the total cost field at the bottom of the form.

Restri01 Bar Guest Check

Bar

DESCRIPTION	AMOUNT


BAR TOTAL →
GST →
SUBTOTAL →
PST →
TOTAL →

NAME _____ DATE _____
ROOM NO. _____ CREDIT CARD NO. _____

Thank You! It's been a pleasure serving you.

BUSINESS PERSONAL TOTAL →

NAME OF GUEST	COMPANY	DATE

RESTRI01 

The amount column will *add* and create the bar total field. The gst and pst fields will *add* to the total field. The total field will also be displayed at the bottom of the check.

Generate I-Form with VML Graphics.

**Service01
Service Call**

SERVICE CALL							
DATE	NAME						
TIME	ADDRESS						
CALL TAKEN BY							
	CITY/STATE						
CALL GIVEN BY	ZIP CODE	PHONE					
SERVICE WANTED							
DATE PROMISED	MON	TUE	WED	THUR	FRI	SAT	SUN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE 01


Simple fill-in, no calculations.

ServicO2 Service Invoice


SERVICE INVOICE				
Call Taken		Schedule		<input type="checkbox"/> Morning
By _____ For _____		<input type="checkbox"/> Afternoon		Completion Time Promised _____
		<input type="checkbox"/> Evening		<input type="checkbox"/> Carry In
		<input type="checkbox"/> Home Call		
Customer		Phone		Date
Street		City		
Bill To		<input type="checkbox"/> Above		Type of Unit
Make		Model #		Serial #
Dealer		Date Purchased		Parts
				<input type="checkbox"/> Warranty
				<input type="checkbox"/> COD
				Service
				<input type="checkbox"/> Warranty
				<input type="checkbox"/> COD
Service Requested				
Quantity	Amount	Parts and Material	Summary of Charges	
			Material	
			Tax	
			Service Call or Pick-Up Delivery	
			Labor or Flat Rate	
			Mileage	
			Carrying Charge	
			TOTAL	
			Service Performed	
			Date <input type="checkbox"/> ON <input type="checkbox"/> OFF Shop Serviceman	
			UNIT PERFORMING SATISFACTORY	
			CUSTOMER'S SIGNATURE _____	
<p>THIS REPAIR GUARANTEED ONLY AS FOLLOWS: Workmanship performed and material replaced on this repair are warranted for ninety days (90) after date of delivery. If trouble develops in work performed, replacement of defective parts will be made free of charge. Parts not replaced are not subject to guarantee.</p>				
<small>SERVICOR</small>				

The quantity column will *multiply* the amount column to create the material field in the summary of charges box. The material, tax, service call or delivery, labor or flat rate, mileage and carrying charge fields will be *added* to create the total field.

Shipping 01 UPS Shipping Waybill



UPS WORLDWIDE SERVICES WAYBILL
(non-negotiable)



Worldwide
Waybill for
Waybill

1 SERVICE LEVEL: **EXPRESS**
2 **EXPEDITED**
3 **STANDARD**

UPS World / Tracking No. _____

4 SPECIAL INSTRUCTIONS

U.S. Shipper Label: 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 048, 049, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 090, 091, 092, 093, 094, 095, 096, 097, 098, 099, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

5 PAYMENT OF CHARGES

SHIPPER'S UPS ACCOUNT NO. _____

SHIPPER'S NAME AND ADDRESS (PLEASE PRINT FULL ADDRESS)

SHIPPER'S CITY AND STATE AND ZIP CODE _____

SHIPPER'S COUNTRY _____

SHIPPER'S TELEPHONE NO. (WITH AREA CODE) _____

SHIPPER'S FAX NO. (WITH AREA CODE) _____

SHIPPER'S E-MAIL ADDRESS _____

SHIPPER'S SIGNATURE _____

DATE _____ TIME _____

SHIPPER'S OFFICE ADDRESS _____

6 CONSIGNEE'S UPS ACCOUNT NO. _____

CONSIGNEE'S NAME AND ADDRESS (PLEASE PRINT FULL ADDRESS)

CONSIGNEE'S CITY AND STATE AND ZIP CODE _____

CONSIGNEE'S COUNTRY _____

CONSIGNEE'S TELEPHONE NO. (WITH AREA CODE) _____

CONSIGNEE'S FAX NO. (WITH AREA CODE) _____

CONSIGNEE'S E-MAIL ADDRESS _____

7 SHIPMENT INFORMATION

SHIPMENT NO. _____

DESCRIPTION OF GOODS _____

QUANTITY _____

WEIGHT _____

VOLUME _____

TEMPERATURE _____

HAZARDOUS _____

FRAGILE _____

PERISHABLE _____

OTHER _____

8 COUNTRY OF ORIGIN (MANUFACTURE) OF GOODS

COUNTRY OF ORIGIN _____

MANUFACTURER'S NAME _____

MANUFACTURER'S ADDRESS _____

MANUFACTURER'S CITY AND STATE AND ZIP CODE _____

MANUFACTURER'S COUNTRY _____

MANUFACTURER'S TELEPHONE NO. (WITH AREA CODE) _____

MANUFACTURER'S FAX NO. (WITH AREA CODE) _____

MANUFACTURER'S E-MAIL ADDRESS _____

9 ADDITIONAL INFORMATION

SHIPPER'S COMMENTS _____

CONSIGNEE'S COMMENTS _____

OTHER COMMENTS _____

10 FOR INTERNATIONAL INFORMATION OR ASSISTANCE CALL 1-800-782-882

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Shipng02
FedEx USA Airbill

FedEx USA Airbill
Tracking Number

From (please print)

Sender's FedEx Account Number _____

Name _____ Phone# _____

Company _____

Address _____

City _____ State _____ Zip _____

2 2nd or 3rd day delivery (if available) _____

3 3rd day (please print) _____

Residence _____

Company _____

Address _____

City _____ State _____ Zip _____

For Security Delivery of Items, We Will

Check This Delivery Check This Delivery Check This Delivery

Signatures for packages marked with this symbol must be obtained from the addressee. The carrier will not deliver to the addressee if the signature is not obtained. The carrier will not deliver to the addressee if the signature is not obtained. The carrier will not deliver to the addressee if the signature is not obtained.

Questions?
Call 1-800-Go-FedEx (1-800-465-3333)

Sender's Copy

4 From the following options, select the service you wish to use. If you select a service other than the one indicated, the carrier will use the service indicated by the checkmark.

1 Standard Overnight **2** Priority Overnight **3** 2nd Day Air **4** 3rd Day Air **5** 4th Day Air **6** International

5 Express as Priority Service. Package may not be used for certain services.

1 Standard Overnight **2** Priority Overnight **3** 2nd Day Air **4** 3rd Day Air **5** 4th Day Air **6** International

6 Special Handling

1 Signature Required **2** Signature Not Required **3** Adult Signature Required **4** Signature of Addressee **5** Signature of Shipper **6** Signature of Receiver

7 Special Services

1 Insured **2** Signature Required **3** Signature Not Required **4** Adult Signature Required **5** Signature of Addressee **6** Signature of Shipper **7** Signature of Receiver

8 Insurance Signature **1** Signature Required **2** Signature Not Required **3** Adult Signature Required **4** Signature of Addressee **5** Signature of Shipper **6** Signature of Receiver

Total Packages _____ Total Weight _____ Total Declared Value _____

Total Charges _____

9 Insurance Signature **1** Signature Required **2** Signature Not Required **3** Adult Signature Required **4** Signature of Addressee **5** Signature of Shipper **6** Signature of Receiver

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Shipng03 Airborne Express USA Airbill

FOR SHIPMENTS WITHIN U.S. ONLY
USE THE INTERNATIONAL AIRBILL FOR SHIPMENTS TO Puerto Rico.

1 FROM (Company) Street Address City State ZIP CODE (required) Phone Number Sent by (Name/Dept)	2 TO (Company) AIRBORNE CANNOT DELIVER TO RO. BOX Street Address City State ZIP CODE (required) Attention (Name/Dept) Phone Number (important) Description	3 THANK YOU FOR SHIPPING WITH AIRBORNE EXPRESS Sender's Signature Date Receiver's Signature Date Route No. _____ Time _____ Drop Box # _____	4 Method of Payment <input type="checkbox"/> Sender <input type="checkbox"/> Receiver <input type="checkbox"/> Bill to <input type="checkbox"/> Party <input type="checkbox"/> Advance Billing Reference will appear on invoice	5 Services One box need be Airborne Express Service unless otherwise noted. Airborne Express (airway - 100 lbs.) Next Business Day (airway - 15 lbs.) Next Morning (airway - 15 lbs.) Second Day (airway - 100 lbs.)
6 (G) OF PRS (M/GH) (US) 7 CHECK IF: <input type="checkbox"/> International <input type="checkbox"/> Letters <input type="checkbox"/> Express		8 Special Handling <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special City <input type="checkbox"/> No return to address <input type="checkbox"/> Job track		9 SHIPMENT VALUATION Declared Value \$ _____ Insured or \$ _____ Received At <input type="checkbox"/> Return <input type="checkbox"/> Retain

AIRBORNE EXPRESS
 P.O. BOX 688, SPRING LAKE, MISSISSIPPI 39111-0688
 1-800-942-2878

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Shpng04 DHL Shipment Airwaybill

DHL AIRWAYS, INC. • 333 TWIN DOLPHIN DRIVE, REDWOOD CITY, CA 94065


1 From (Shipper)	2 To (Recipient)	3 Shipment details	4 Insurance
DHL Shipper's name Company name Street address City State ZIP code (required) Country name	Recipient's name Company name Street address City State ZIP code (required) Country name	U.S. domestic document International document Special Services (select one) Customs forms (select one) U.S.S.	Insured with Insured by Insured amount Insured rate Insured currency
5 Shipper's authorization and signature Signature Title Date		TOTAL Amount in U.S. dollars Amount in local currency Amount in other currency	

Complete sections 1-5

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Shipng05 UPS Next Day Air



See instructions on back. For additional information, call 1-800-FOR-UPS (800-742-3877)

1 SHIPMENT FROM
SHIPPER'S USE SHIPPER'S OFFICE BUILDING NO.
REFERENCE NUMBER

2 TRACKING NUMBER

3 SHIPMENT TO
SHIPPER'S USE SHIPPER'S OFFICE BUILDING NO.
PORT/USE

NAME TELEPHONE

COMPANY

STREET ADDRESS

CITY STATE ZIP CODE

4 WEIGHT AND DIMENSIONS
WEIGHT ZONE RATE ZONE

5 DELIVERY DATE
DATE

6 SHIPMENT CLASSIFICATION
CLASSIFICATION

7 ADDITIONAL CHARGES
DECLARED VALUE
INSURANCE
EXCESS WEIGHT
EXCESS DIMENSIONS
EXCESS WEIGHT AND DIMENSIONS
EXCESS WEIGHT AND DIMENSIONS
EXCESS WEIGHT AND DIMENSIONS
EXCESS WEIGHT AND DIMENSIONS

8 TOTAL CHARGES

9 METHOD OF PAYMENT
CASH
CHECK
MONEY ORDER
CREDIT CARD
ACCOUNT PAYEE
ACCOUNT NUMBER

10 RECEIPTED BY
NAME
SIGNATURE
DATE

11 THIRD PARTY'S COMPANY NAME

12 STREET ADDRESS

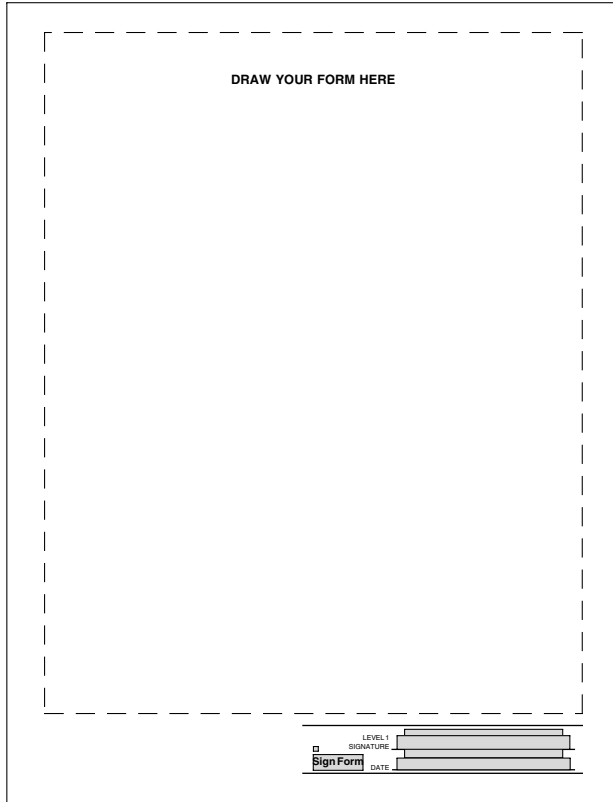
13 CITY STATE ZIP CODE

14 SHIPPER'S SIGNATURE DATE

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

1 Signature Template



A rectangular form template for a signature. It features a large dashed-line rectangle in the center with the text "DRAW YOUR FORM HERE" inside. At the bottom right, there is a signature line with a small square box to its left. To the right of the signature line are two horizontal lines for a date. Labels "LEVEL 1", "SIGNATURE", and "DATE" are positioned above their respective fields.

Use this file to expedite adding a signature to your document. All of the necessary fields are drawn and ready to be used. You can draw directly onto a saved version of the template and have the signature field ready to be used.

2 Signatures Template

DRAW YOUR FORM HERE

LEVEL 1 SIGNATURE **Sign Form** DATE

LEVEL 2 SIGNATURE **Sign Form** DATE

Use this file to expedite adding 2 signatures to your document. All of the necessary fields are drawn and ready to be used. You can draw directly onto a saved version of the template and have the signature fields ready to be used.

3 Signatures Template

The image shows a signature template. It features a large dashed rectangular box in the center with the text "DRAW YOUR FORM HERE" inside. Below this box, there are three signature levels. Each level consists of a small square checkbox, a label "LEVEL 1", "LEVEL 2", or "LEVEL 3", a "SIGNATURE" field with a horizontal line, and a "DATE" field with a horizontal line. The "SIGNATURE" fields are labeled "Sign Form".

Use this file to expedite adding 3 signatures to your document. All of the necessary fields are drawn and ready to be used. You can draw directly onto a saved version of the template and have the signature fields ready to be used.

Expense Form with Two Signatures

TRAVEL EXPENSE REPORT								
Name	Department Name	Ext. No.	Department No. to be Charged	Account to be Charged				
EXPLAIN PURPOSE OF TRIP				CHECK ONE OR MORE <input type="checkbox"/> Sales / <input type="checkbox"/> Sem. Training <input type="checkbox"/> Recruiting <input type="checkbox"/> New Employee Relocation <input type="checkbox"/> Participant <input type="checkbox"/> General Travel (Explain) <input type="checkbox"/> Attendee TRADE SHOW				
PART I EXPENSES (EXPLAIN PREPAID/CHARGED AMOUNTS IN PART II BELOW.)								
TRANSPORTATION								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
City Visited								TOTALS
Date								
Air/Rail								
Auto-Rental Taxi/Bus								
Gasoline								
Misc.**								
SUB TOTAL: TRANSPORTATION								
LODGING & MEALS								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
Room								
Breakfast								
Lunch								
Dinner								
Business Conference								
Misc.**								
SUB TOTAL: LODGING & MEALS								
DAILY TOTALS								
Was any part of the trip personal? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in PART II.							TOTAL TRIP AMOUNT	
PART II								
	Explanations					Prepaid	Amount	
A						<input type="checkbox"/> YES		
B						<input type="checkbox"/> YES		
C						<input type="checkbox"/> YES		
D						<input type="checkbox"/> YES		
E						<input type="checkbox"/> YES		
F						<input type="checkbox"/> YES		
SIGNATURES								
	LEVEL 1 SIGNATURE	_____					CASH ADVANCE	
	Sign Form	_____					PREPAID TOTAL	
	DATE	_____					EXPENSES TOTAL	
	LEVEL 2 SIGNATURE	_____					DUE COMPANY	
	Sign Form	_____					DUE EMPLOYEE	
	DATE	_____						

This form is a completed project with signatures applied. If you copy the entire folder to your web server and create the Primary Output Database Table, you will be able to submit and retrieve between each signature making the next level available.

Opening the *expense.html* within Internet Explorer will allow you to try the first signature and lock the form's fields.

Requisition Form with Three Signatures

REQUISITION FORM						
						DATE _____
						REQ. NUMBER _____
FROM: _____		CHARGE TO _____		DELIVER TO _____		
		JOB NUMBER _____		ATTENTION _____		
QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT OF PURCHASE	DATE REQUIRED	UNIT PRICE	COST
TAX EXEMPT YES <input type="checkbox"/> NO <input type="checkbox"/>						TOTAL COST <input style="width: 100px;" type="text"/>
SPECIFICATIONS _____			REQUESTOR SIGNATURE _____			
RECOMMENDED SUPPLIERS _____			Sign Form DATE _____			
ACCOUNT NUMBER _____			APPROVAL SIGNATURE _____			
PROJECT NAME _____			Sign Form DATE _____			
DELIVERED VIA _____			RECEIVER SIGNATURE _____			
COMMENTS _____			Sign Form DATE _____			

This file is a three signature example ready to be used. It has fields using three levels of security, one for each signature and their corresponding fields.

Statement 01 Statement Form

STATEMENT					
Name Address City State & Zip			Date Account Number		
Please detach and return this portion with your remittance.					
Beginning Balance					
CODE	DATE	DESCRIPTION	AMOUNT	BALANCE	
CODES: P = Payment I = Invoice C = Credit D = Debit F = Finance Charge				PLEASE PAY	
Current	Over 30 Days	Over 60 Days	Over 90 Days		Over 120 Days

STATEMENT 01

Simple fill-in, no calculations.

Generate I-Form with VML Graphics.

Statement03
Statement Form

STATEMENT

Date _____
Account # _____

S _____
O _____
L _____
D _____
T _____
O _____

Please Return This Portion With Your Payment Amount Remitted \$ _____

Date	Invoice or Description	Charges	Credits	Balance
BEGINNING BALANCE ▶				

Please Keep This Portion For Your Records. Pay Last Amount in Right Column. Our Terms Are 30 Days From Invoice. A Minimum Charge Of 1.5% per Month Will Be Added To All Overdue Amounts.

Thank You for Your Payment

STATEMENTS

The credits column will *subtract* from the beginning balance field to create the balance column. The charges column will *add* to the beginning balance field to create the balance column.

**Statem05
Statement Form**

STATEMENT

ACCOUNT NO.

AMOUNT ENCLOSED \$ _____ AMOUNT DUE \$ _____ DATE _____

← DETACH AND RETURN WITH PAYMENT →

TRANSACTION TYPE	TO INSURE PROPER CREDIT PLEASE RETURN UPPER PART WITH YOUR CHECK. WRITE YOUR ACCOUNT NUMBER ON CHECK.	PAYMENT TYPE
1 SKIP SERVICE N NO CHARGE 2 RESCHEDULE P PAYMENT 3 PRE BILL R REFUND 4 ADJUSTMENT S SERVICE BILLING 5 DISCOUNT F FINANCE CHARGE 6 PAID IN ADVANCE		1 CASH 2 CHECK 3 MASTER CARD 4 VISA

COMMENTS:

Beginning Balance

DATE	DESCRIPTION	DIV.	TRK.	PMT.	DEBITS	CREDITS	BALANCE
Thank You							

OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	PAY THIS AMOUNT
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

TERMS - NET CASH
 1 1/2% LATE CHARGE ON ALL
 BALANCES OVER 60 DAYS.

STATEMENT

The credits column will *subtract* from the beginning balance field to create the balance column. The debits column will *add* to the beginning balance field to create the balance column.


Generate I-Form with VML Graphics.

Stock01 Stock Record

STOCK RECORD

ITEM _____
LOCATION _____
ITEM NUMBER _____
SIZE _____ UNIT _____
MINIMUM _____
MAXIMUM _____

RECEIVED					SOLD			BALANCE ON HAND
DATE	INITIALS	ORDER NUMBER	QTY.	DATE DUE	DATE	ORDER NUMBER	QTY.	

STOCK01 

Simple fill-in, no calculations.

Transm01
Letter of Transmittal

LETTER OF TRANSMITTAL

TO _____

DATE	JOB NO.
ATTENTION	
RE:	

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

Prints Copy of Letter Plans Samples Specifications

Change Order Ship Drawings _____

DATE	NO.	COPIES	DESCRIPTION

THESE ARE TRANSMITTED as checked below:

For approval Approval as submitted Resubmit _____ copies for approval

For your use Approved as noted Submit _____ copies for distribution

As requested Returned for corrections Return _____ corrected prints

For review and comment _____

FOR BIDS DUE _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS:

COPY TO _____ SIGNED _____

If enclosures are not as noted, kindly notify us at once.

TRANSM01

Simple fill-in, no calculations.

Transm02 Letter of Transmittal

LETTER OF TRANSMITTAL

DATE _____	JOB NO. _____	TO _____ _____ _____ _____
ATTENTION _____		
RE: _____ _____ _____		

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:
 Prints Copy of Letter Plans Samples Specifications
 Change Order Ship Drawings Other _____

DATE	NO.	COPIES	DESCRIPTION

THESE ARE TRANSMITTED as checked below:

<input type="checkbox"/> For approval	<input type="checkbox"/> Approval as submitted	<input type="checkbox"/> Resubmit _____ copies for approval
<input type="checkbox"/> For your use	<input type="checkbox"/> Approved as noted	<input type="checkbox"/> Submit _____ copies for distribution
<input type="checkbox"/> As requested	<input type="checkbox"/> Returned for corrections	<input type="checkbox"/> Return _____ corrected prints
<input type="checkbox"/> For review and comment	<input type="checkbox"/> Other _____	
<input type="checkbox"/> FOR BIDS DUE		<input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US

REMARKS:

COPY TO _____ SIGNED _____

If enclosures are not as noted, kindly notify us at once. TRANSM02

Simple fill-in, no calculations.

Travel01 Travel Agenda

Travel Agenda																					
Date:	Customer #:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 2px;">Purpose of Trip</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> Sales</td> <td style="padding: 2px;"><input type="checkbox"/> Training</td> <td style="padding: 2px;"><input type="checkbox"/> Trade Show</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Service</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Installation</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> On-Site Support</td> </tr> <tr> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Other (<i>Explain</i>)</td> </tr> </tbody> </table>				Purpose of Trip			<input type="checkbox"/> Sales	<input type="checkbox"/> Training	<input type="checkbox"/> Trade Show	Service			<input type="checkbox"/> Installation	<input type="checkbox"/> On-Site Support		<input type="checkbox"/> Other (<i>Explain</i>)		
Purpose of Trip																					
<input type="checkbox"/> Sales	<input type="checkbox"/> Training	<input type="checkbox"/> Trade Show																			
Service																					
<input type="checkbox"/> Installation	<input type="checkbox"/> On-Site Support																				
<input type="checkbox"/> Other (<i>Explain</i>)																					
Person Traveling:																					
Company Name:																					
Address:																					
City/State/Zip:																					
Phone Number:																					
Company Contact:																					
Special Instructions:																					
DEPARTURE																					
Day	Date	City/Airport	Time	Carrier	Flight #																
LV																					
AR																					
Day	Date	City/Airport	Time	Carrier	Flight #																
LV																					
AR																					
RETURN																					
Day	Date	City/Airport	Time	Carrier	Flight #																
LV																					
AR																					
Day	Date	City/Airport	Time	Carrier	Flight #																
LV																					
AR																					
CAR RENTAL																					
			Confirmation #:																		
			Directions:																		
HOTEL																					
			Confirmation #:																		
			Directions:																		
TRAVEL01																					

Simple fill-in, no calculations.

Wrkord01 Work Order

WORK ORDER					
CUSTOMER Branch		Customer #		PO #	
		Issue Date		Action Date	
		Contact		Tel	
		Warranty <input type="checkbox"/> Yes <input type="checkbox"/> No		Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Inv #		Via	
Date					
EQUIPMENT		PROBLEM			
Description	Serial #				
Authorized					
LABOR		PARTS			
Description	Time	P/N	Description	Price	
Total		Total			
EXCHANGED PARTS					
P/N	Description	Old SN	New SN	Price	
Total					
Date Completed		Tech		Labor Hr @	
System Returned		Date		Parts and Exchanges	
Sign				Delivery and Travel	
FOR FAST, RELIABLE SERVICE, CALL:				Rental Equipment	
				Sub-Total	
				Tax	
				TOTAL	

The labor time, parts price and exchanged parts price columns will *add* and total below each column. The labor time total will be *multiplied* by the labor hr rate in the totals column. The parts price and exchanged parts columns will be *added* and displayed in the parts and exchanges field in the totals column. The labor, parts, delivery and rental equipment fields *add* to create the sub total field. The sub total and tax fields *add* to create the grand total.

Index of Sample Types

MULTIPAGE SAMPLE – employ07

ONEFORM MANAGER LITE SAMPLES – auto02, expens05,
invoice03, packng02, statem02, travel01

SERVER READY SAMPLE – signature/expenseform folder

SIGNATURE SAMPLES – signature

VISUAL BASIC E-FORM SAMPLE – signature/expensevb folder

Index of Calculation Methods

ADD THEN GRANDTOTALS – Account03, Account04, Account05,
Account07, Chgord01, Chgord02, Collec01, Collec02, Collec03,
Expens04, Expens05, Restrtr01

ADD, MULTIPLY, THEN GRANDTOTALS – Auto02, Auto04,
Expens01, Wrkord01, Wrkord02

ADD, MULTIPLY, SUBTRACT THEN GRANDTOTALS –
Payrol04

ADD, SUBTRACT THEN GRANDTOTALS – Order03, Relest01

MULTIPLY – Purchs01, Purchs03

MULTIPLY THEN GRANDTOTALS – Invtry01, Purchs02

MULTIPLY, ADD THEN GRANDTOTALS – Auto03, Lading02,
Billos03, Credit03, Estmat02, Estmat03, Estmat04, Invtry02,
Invoice02, Invoice03, Order01, Order04, Order05, Order06,
Packng03, Quote01, Quote02, Requis01, Requis02 Requis03,
Restrtr02 Servic02, Servic03, Wrkord03, Wrkord04, Wrkord05

MULTIPLY, ADD, SUBTRACT THEN GRANDTOTALS –
Invoice01

MULTIPLY, SUBTRACT – Estmat01

SUBTRACT – Payrol03, Receipt01, Receipt02

SUBTRACT, THEN GRANDTOTALS – Order02

SUBTRACT, ADD – Receiv01, Statem02, Statem03, Statem05

SUBTRACT, ADD, SUB-TOTAL THEN GRANDTOTALS –
Account01

SUBTRACT, DIVIDE THEN GRANDTOTALS – Expens02,
Expens03

SUBTRACT, MULTIPLY – Packng01

SUBTRACT, MULTIPLY THEN GRANDTOTALS – Delivr01,
Packng02