

ABERDEEN BLIND COMPANY

JOB COMPLETION SHEET

CUSTOMER : NHS - MATERNITY
ORDER No : ABC 0515

PRODUCT :
TO FIT VERTICAL
BLINDS

CARRIED OUT BY : AMO
DATE :

I CAN CONFIRM THAT THE ABOVE WORK HAS BEEN CARRIED OUT
TO MY SATISFACTION,

NAME :

SIGNATURE :

POSITION :

DATE :

WORK OUTSTANDING YES / NO
DETAILS :

ABERDEEN BLIND COMPANY
32 ESSELMONT AVE
ABERDEEN
AB25 1SP
01224 637609