

ROLLER BLINDS

Invoice SHSCT

Site Contact Daria Kowinska

Phone _____

Survey Date 20.1.26

Del. Meth. PA

Site Address _____

CAK - Cabri

Order No. _____

Microbiology Molecular

Order Date _____

Suite

Contact: _____

Fit/Deliver Date _____

Phone: _____

	Location	Make	Colour	Spec.	Qty.	Width	Drop	Mount	S/Roller VIN	SAFETY DEVICE	C/M Cils.	Cord Gain Drop	Fix	Special Instruction	Price	Discount
1	CNI	Default A-20	Unicolor Grey		1	1780	1900	Rac	1	SLC	R/L	1520	TOP	How - BRW		
2	CA10	LC	LC		1	1820	1160	LC	1	LC	CLL	1520	TOP	Some post R/L Side		
3	CA2	LC	LC		1	1100	1100	LC	1	LC	CLT	1520	TOP	How - BRW Some post R/L Side		
4																
5																
6																
7																
8																

Fitting Information

Directions YES / NO

Date	Filter	Time	Work Done