

Work Diary

Staff Name: Adrian **Customer Ref:** _____ **Date:** 20-04-2020 **Time:** 16:00
Order No: SO9866 **Measurer or Fitter:** Measurer **Contact Address:** Mr & Mrs Stuart Esselmont, Villa Skarla, Le Mont Felard, St Lawrence, Jersey, JE3 1JA, 07700702167, stuart.esselmont@zedra.com

Notes: measure rollers

Location	Supplier	Blind Type /Description	Colour	Qty	Width	Drop	Fitting Height	Blind/Recess	Controls	Brackets	Surface	Unit Price
Liv	CP	roller + fascia	PANAMA PANA	1	695	1570		BS	L			236 ⁺²⁵
				1	2475	1570			L			592 ⁺⁵⁵
				1	2475	1570			R			592 ⁺⁵⁵
				1	695	1570			R			236 ⁺²⁵
		eclipse	PANAMA CHROME									
			colour to be advise									
01		Window seat cushions		4	1400	440 x 75 mm Thick						

Comments: _____
Order Date: _____
Customer Signature: _____
 I have checked and agree with the above choices
Target Fitting Date: _____