

# Work Diary

**Staff Name** Adrian  
**Order No** SO10023  
**Measurer or Fitter** Measurer  
**Contact Address** Mrs. Iezzoni, 43 Clos De Ville, Clarke Ave, St Helier, JE3 3, 07797 726371,  
 07797 726731, DIEZZONI@GMAIL.COM  
**Customer Ref**  
**Date** 09-06-2020  
**Time** 15:30

**Notes :** Final meeting for measuring

Location	Supplier	Blind Type /Description	Colour	Qty	Width	Drop	Fitting Height	Blind/Recess	Controls	Brackets	Surface	Unit Price
Liv	Trop	Planation		1	945	1235	0072 UR					£283
Bed 2				1	945	1230	0072 UR					£281
Bed 1				1	945	1235	0072 UR					£283
u				1	945	1325	0072 UR					£301
Landing				1	635	1232	0071 L	4 sided	L-SO			£216

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