**Staff Name** Adrian

# Work Diary

| Order No | Measurer or Fitter | Contact Address | Customer Ref | Date | Time |
|---|---|---|---|---|---|
| SO11362 | Measurer | Miss.Kate Godfrey, Lâ€™Avenue de la Reine Elizabeth II, St Peter, JE3 7BP, 07498063028, kate@strive.je | | 08-03-2021 | 14:00 |

**Notes :** 0 Meet on site. New health club opposite Rugby Club. NE

| Location | Supplier | Blind Type /Description | Colour | Qty | Width | Drop | Fitting Height | Blind/Recess | Controls | Brackets | Surface | Unit Price |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical | | Roller | phifer | 4 | 1210 | 870 | | Approx | | | 2 of | 2 05 |
| Centre | | Manual | Screen | 1 | ~~1210~~ | ~~870~~ | | | | | | |
| 2 rooms | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Studio | | Roller | phifer | 2 | 3650 | 2500 | | | | | | 997 |
| | | RTS Electric | Screen | | | | | | | | | |
| | | motors | | | | | | | | | | |
| | | wall mounted | remote | | | | | | | | | |
| | | | | | | | | | | | | |
| office | | roller | 4 | 2 | 800 | 2100 | | | | | 2 of | 240 |
| | | Manual | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Comments:

Order Date

Customer Signature
X
I have checked and agree with the above choices

Target Fitting Date