

PLEASE GET THE JOB WORK REPORT SIGNED AND SCANNED BACK TO AFM SERVICE DESK ON COMPLETION
 FAILURE TO COMPLY WITH THIS CLIENT REQUEST WILL RESULT IN LATE OR NON PAYMENT OF WORKS

PRINT NAME: Shannon Fournier	CLIENT SIGNATURE: <i>[Signature]</i>
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ENGINEERS COMMENT:

Filed new blind

TASK DESCRIPTION: SUPPLY AND FIT NEW BLIND OFFICE 129

DEPARTURE TIME:	ARRIVAL TIME:	DATE:
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TASK ID: 323PJ00203	CLIENT NAME/SITE: REGUS
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SUB-CONTRACTORS JOB WORK REPORT