**Staff Name** Adrian

# Work Diary

| Order No | Measurer or Fitter | Contact Address | Customer Ref | Date | Time |
|---|---|---|---|---|---|
| SO13024 | Measurer | Mr & Mrs.David De La Cour, 38 Ville Des Marettes, St Ouen, Jersey, JE3 2HH, 01534 482106, 07797721678, dlcour@hotmail.co.uk | | 15-03-2022 | 14:30 |

**Notes :** glass house

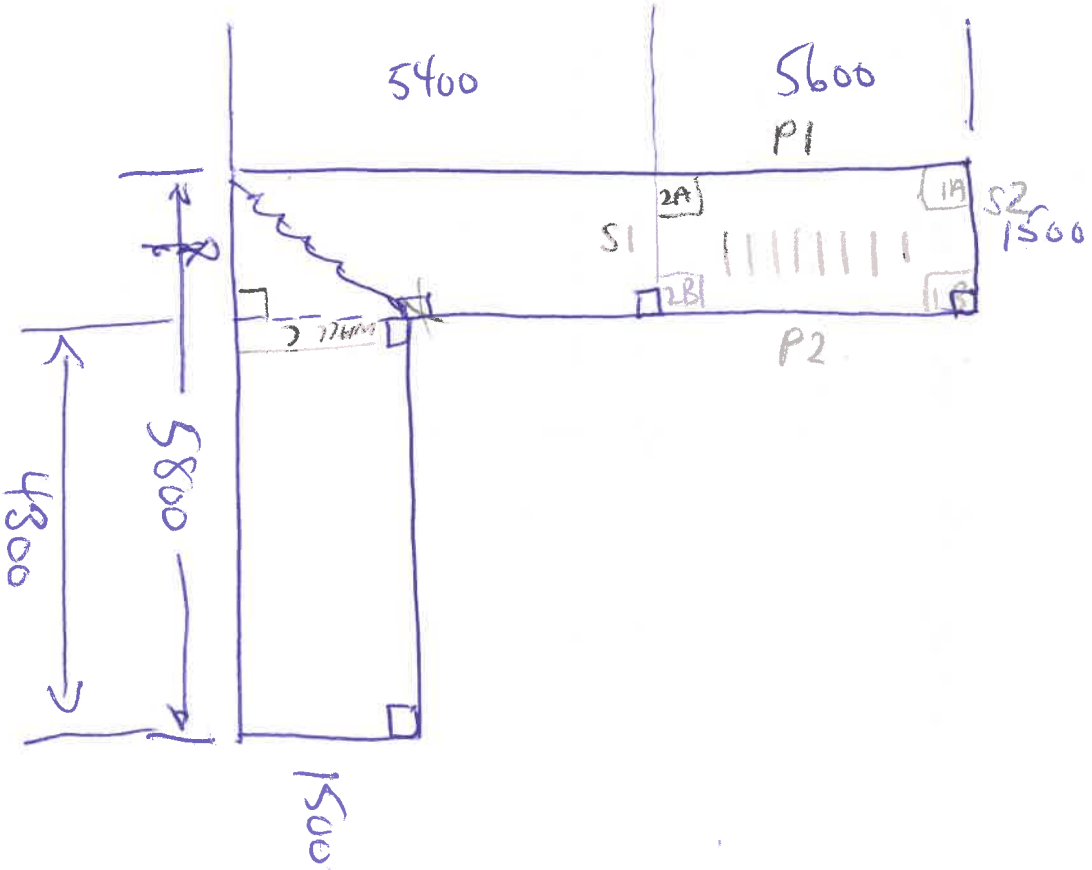
| Location | Supplier | Blind Type /Description | Colour | Qty | Width | Drop | Fitting Height | Blind/Recess | Controls | Brackets | Surface | Unit Price |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ~~Terrazza Pure~~ | | | See | over | | | | | | |
| | | Algarve | | | | | | | | | | |
| | | Beson | | | | | | | | | | |
| | | OR | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | (Sorry) | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Terrazza Pure | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Comments:

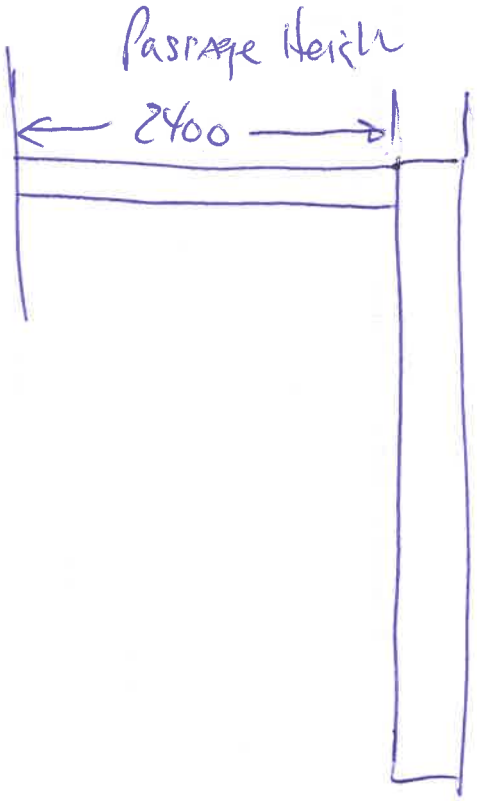
Order Date

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

Target Fitting Date


5400
5600
P1
2A
1A
S2
1500
S1
2B
1B
P2
5800
4300
1500

Projection


Passage Height
2400