**Staff Name** Adrian

# Work Diary.

| Order No | Surveyor | Contact Address | Customer Ref | Date | Time |
|---|---|---|---|---|---|
| SO16909 | Measurer | Mr & Mrs.Leo Boessenkool Le Pre, La Grande Route De St Clement, St Clement, JE2 6QQ, 288260, 07829941022, LBoessenkool@uk.ey.com | Outdoor Space | 26-06-2025 | 14:00 PM |

**Notes :** To discuss options for outdoor space. Drawings in office

| Location | Supplier | Blind Type /Description | Colour | Qty | Width | Drop | Fitting Height | B or R | Controls | Brackets | Surface | Unit Price |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Free standing | | | 6200 | 4500 | 2400 | | | | | |
| | | Louve Roof | | | OR | | MAO | | | | | |
| | | with Glass | | | | | | | | | | |
| | | All around | | | 7000 | 6500 | | | | | | |
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Comments:

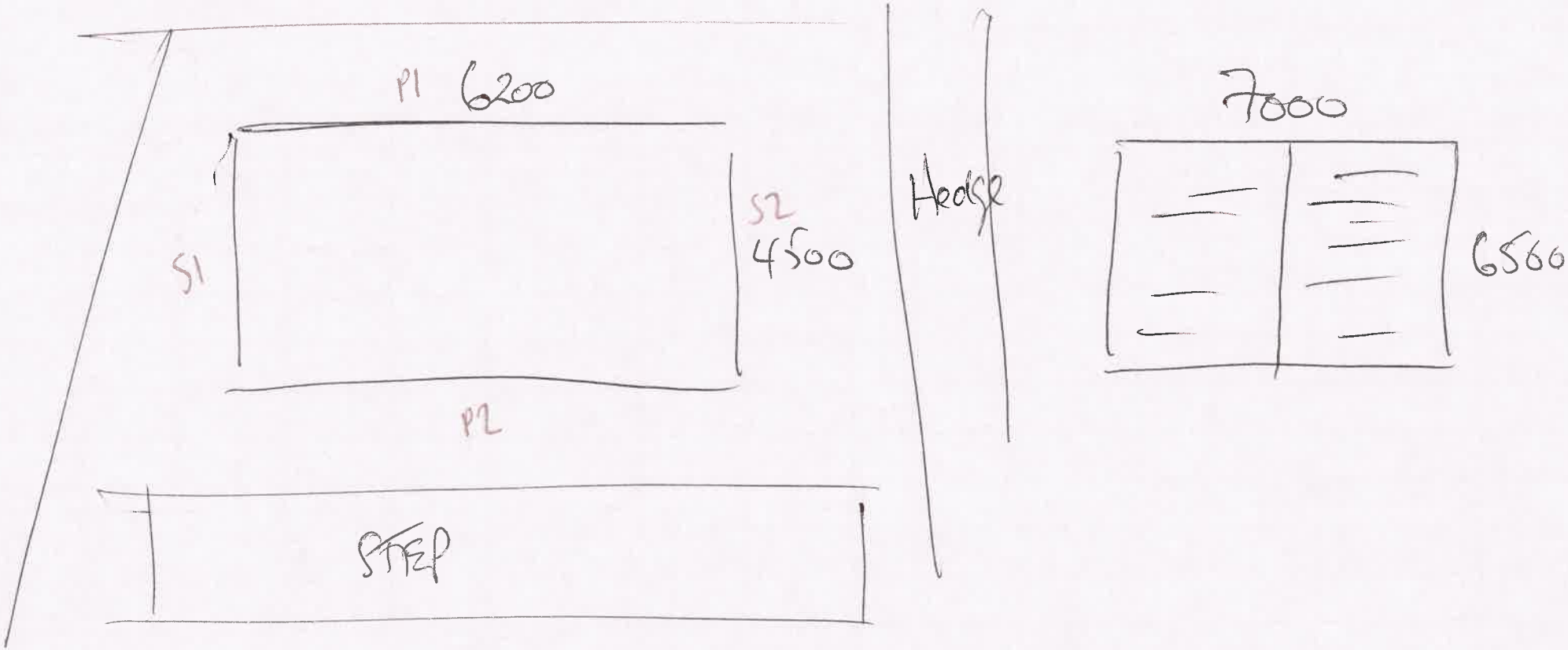
Surface Fixing
C=Concrete
W=Wood
M-Metal
B=Brick
P-Plastic
T=Tile

Order

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

Quote

Target Fitting Date


P1 6200
S1
S2
4500
P2
STEP
Hedge
7000
6500