**Staff Name** Adrian

# Work Diary.

| Order No | Surveyor | Contact Address | Customer Ref | Date | Time |
|---|---|---|---|---|---|
| SO16974 | Measurer | Ms.Kate Reeve Nirvana, Le Mont Felard, St Lawrence, JE3 1JA, 07797921257, kate_reeve@hotmail.com | | 17-07-2025 | 11:00 AM |

**Notes :** To discuss options for an outdoor structure at the back of the house, including decking or paving.

| Location | Supplier | Blind Type /Description | Colour | Qty | Width | Drop | Fitting Height | B or R | Controls | Brackets | Surface | Unit Price |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | TERRAZA | | | See | over | | | | | | |
| | | Pure | | | | | | | | | | |
| | | plus door | | | | | | | | | | |
| | | plus SOFFITTA | | | | | | | | | | |
| | | plus LED | | | | | | | | | | |
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Comments:

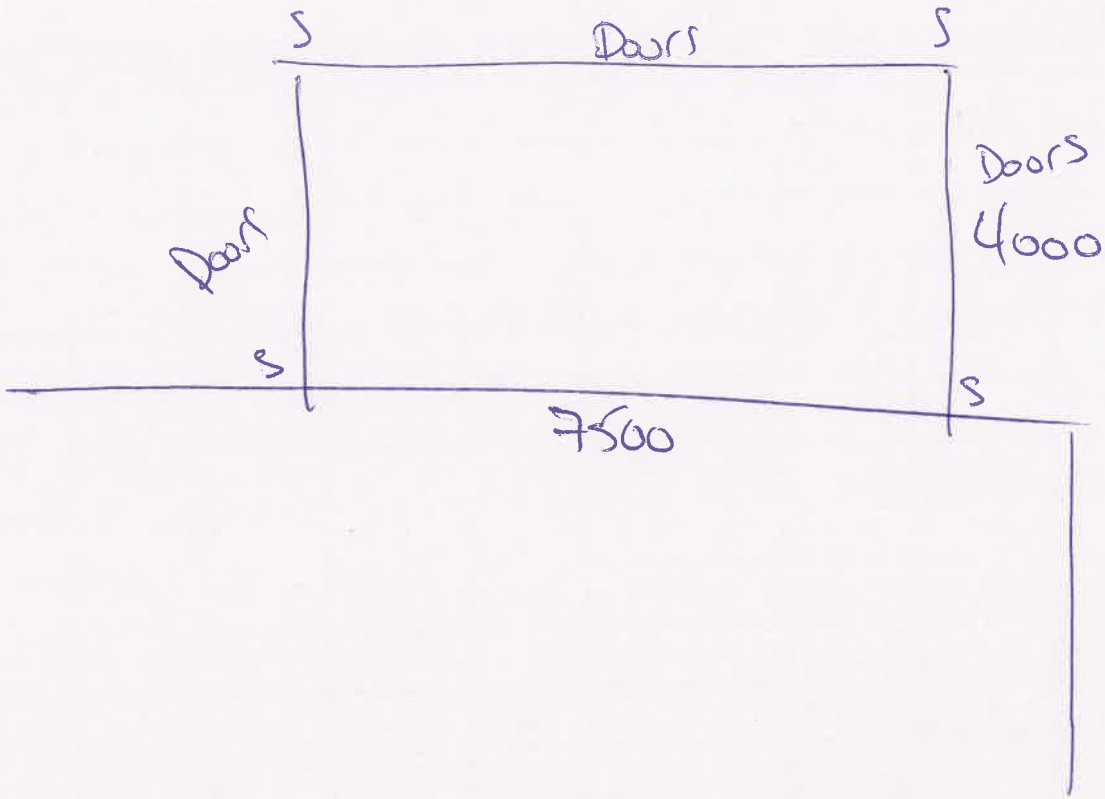
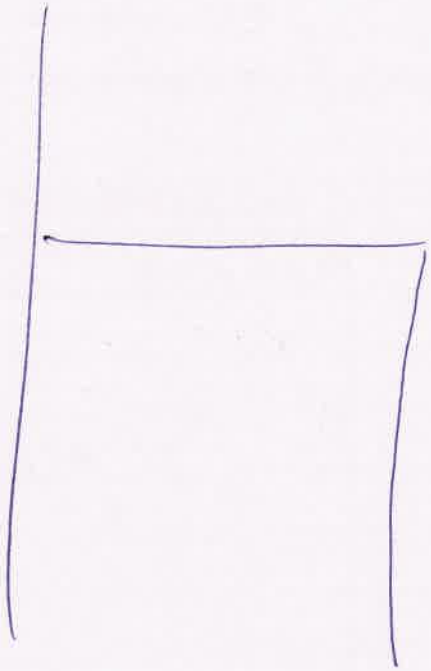
Surface Fixing
C=Concrete
W=Wood
M-Metal
B=Brick
P-Plastic
T=Tile

Order

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

Quote

Target Fitting Date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