CUSTOMER: _____

INVOICE # _____

FOLDER: _____ FILE NAME: _____

ORDER DATE: PROMISE DATE:

CONTACT: PHONE: FAX:

QTY	SIZE	MAT	B/G COLOR	LETTERING	RC	1S/2S	VINYL	COLORS	#

DETAILS:

SKETCH:

CALL WHEN READY ☐

PICK-UP: ☐

DELIVER: ☐

INSTALL: ☐

SHIP: ☐

VIA: _____ PRPD ☐ COLL ☐

SHIPPING ADDRESS:

ALL WORK COMPLETE

_____

INIT.	LABOUR:	HOURS:	TOTAL:

MATERIALS USED

INSTALLATION:	INIT.	TRUCK:	HOURS:

SUB CONTRACTOR	HOURS:		