

Signature:____

WORK ORDER

| Job #: | P.O #: |
|---|--|
| Date: | Date Needed: |
| Job Name: | |
| | |
| Contact: | |
| Colour: | Gauge: |
| Packaging: 1. Shrink Wrap & Tape 2. Shrink Wrap | ap, Tape & Wrap 3. Skid w/Steel Bands, Wrap, Tape & End Boards |
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| Date Complete: | Completed By: |