



# WORK ORDER

Purchase Order No.
Original Date:

DATE CREATED 3/22/14	LOWE'S REPRESENTATIVE CREATING WORK ORDER T. Martinez	DATE INSTALLER CONTACTED 3/22/14	STORE # 11031
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CUSTOMER NAME Tom McHugh	CUST. HOME #: (604) 830-5627
ADDRESS 7420 Birch Bay Dr.	CUST. WORK #:
CITY Birch Bay STATE WA ZIP 98230	CUST. CELL #:
	ORIGINAL INSTALLER: WIF
	ASSIGNED INSTALLER: WIF

DESCRIPTION OF CUSTOMER ISSUE (TO BE COMPLETED BY PRODUCTION OFFICE):

Please call to schedule. The cust called spoke to Kelly stated that there was a bubble on one stair.

TYPE (CIRCLE ONE):	FOR PRODUCTION OFFICE USE ONLY:
<input type="radio"/> (NC) Installation Not Complete <input checked="" type="radio"/> (IW) In-Warranty Repair <input type="radio"/> (OW) Out-of-Warranty Repair	<input type="radio"/> (DP) Defective Product <input type="radio"/> (PD) Property Damage <input type="radio"/> (CS) Customer Satisfaction
	Approving Mgr. T. Martinez Billing Code 1W110310

DESCRIPTION OF ADDITIONAL MATERIALS AND LABOR TO BE PROVIDED (TO BE COMPLETED BY INSTALLER):


- 1) STEVE - NEXT WEEK → 3/25 @ 9:00 AM. CUSTOMER WILL BE DOWN FROM CANADA
- 2) 5th STAIR UP FROM THE BOTTOM BUBBLE IN THE MIDDLE OF THE STAIR
- 3) DUE TO THIS BEING A BARBER CRT, THE BUBBLE WAS SOLVED BY STEVE REMOVING ONE ROW FROM THE STAIRPIECE AND RE-INSTALLING THE CRT. HE CHECKED ALL STAIRS FOR PROPER TENSION!

The above work and/or materials to be completed represent the work needed to satisfy the original Contract referenced above. Customer initials. \_\_\_\_\_

Additional labor Approving Manager \_\_\_\_\_ Billing Code \_\_\_\_\_

Customer and Installer to sign below upon completion of all items on Work Order

  
 \_\_\_\_\_  
 INSTALLER / DATE

  
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 CUSTOMER / DATE