



the RETAIL ODYSSEY.
COMPANY

Rep Name:	Date:
Store Name:	Store #:
Start Time:	End Time:

FURNITURE SERVICE SIGN-OFF

New items assembled for display:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

List any problems, missing/bad parts or repairs:

- 1
- 2
- 3
- 4
- 5

Were all displays inspected: YES NO

Number of pieces requested: _____ # of pieces built: _____

Comments:

Manager's Printed First and Last Name:

Manager's Signature: