



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: