APG OFFICE FURNISHINGS

JOB COMPLETION REPORT

Your Satisfaction Manager: CSM Name | Phone # | Email Address

Client:		**Area/Tag:**	
Contact:		**Original Order(s):**	
Phone:		**Date/ Revised:**	

Location	Qty	Description of Punchlist Item	New Order Number	Status	Completion Date	Initials

Customer Signature: _____ Date: _____

Signature indicates approval that product on Original Order(s) is/are delivered and installed, free of defect and issue except where noted.