

CLIENT WORK ORDER

Name			Order Number		
Artwork			Contact No		
			Order Taken By		
			Storage Location		
Received	/	/	Date Out	/	/
Artwork No		___ of ___			



FRAME DETAILS

Moulding 1					
Moulding 2					
Fillet		UCM	Chop		
Box	<input type="checkbox"/> Mat Packing (Mat Code: _____) <input type="checkbox"/> Spacing				
Finish	<input type="checkbox"/> Wax <input type="checkbox"/> Lime Wash <input type="checkbox"/> Paint <input type="checkbox"/> Gold leaf				
Matboard	A	B	C		
	<input type="checkbox"/> Wizard Cust. Design <input type="checkbox"/> V Groove <input type="checkbox"/> Bevel Accent <input type="checkbox"/> Bevel Back (5mm) <input type="checkbox"/> Painted Core				
Mount	<input type="checkbox"/> Basic <input type="checkbox"/> Object <input type="checkbox"/> Dry (Acme) <input type="checkbox"/> Wet (Acme) <input type="checkbox"/> Flat float <input type="checkbox"/> Float (5mm) <input type="checkbox"/> Stretch				
Emergent	<input type="checkbox"/> Laminate <input type="checkbox"/> Foam (5mm) <input type="checkbox"/> Gata (5mm) <input type="checkbox"/> MDF Block (6mm) <input type="checkbox"/> MDF Block (9mm)				
Glass	<input type="checkbox"/> Clear <input type="checkbox"/> Non-Reflective <input type="checkbox"/> Acrylic <input type="checkbox"/> UV Con <input type="checkbox"/> Mirror				
Backboard	<input type="checkbox"/> Foam (3mm) <input type="checkbox"/> Foam (5mm) <input type="checkbox"/> Black Foam (5mm) <input type="checkbox"/> MDF (3mm) <input type="checkbox"/> Corflute (5mm)				
Other	<input type="checkbox"/> Send to Conservator <input type="checkbox"/> Restoration				

Special Instructions (Please write as many details as possible – particularly float style details)

	Chop Size	UCM
Moulding 1		
Moulding 2		