## **Work Order**



770-846-7564, www.shirtoffyourbackquilts.com

Customer Information					
Name:			Start Date:		
			Need By Date:		
			_		
Phone:			Okay to Leave Me	essage: Y / N	I
Email:					
Quilt Recipient:					
Referred by:					
	Onder Information			Fatima	41 04
	Order Information  Quilt 1	Quilt 2		Estima	ted Cost
	Gallery or Collage (circle one)	Gallery or Coll	ago (circle ene)		
			age (circle one)		
#Shirts:		#Shirts:		\$	
Item	Description				
Backing Fabric				\$	\$
Sashing Color					
Border Fabric				\$	\$
Quilting Options				\$	\$
Dedication Square				\$	\$
Special Items			<b>-</b>	\$	\$
			Total per Quilt	\$	\$
			Total Estimate	\$	
Notes:					
Deposit Rec'd-	Yes/No Amount		Payment Method _		
Customer Approval					
Signature:			Date:		