



Project Work Ticket



Please fax the completed ticket 877-762-8846

Store # _____

City/State _____ Service Date _____

VCT Strip *(All VCT will be stripped bare of all old wax from edge to edge)*

Cases of Wax Used _____

Optional Project Work

Description _____

Cement Floor Buff

Store Confirmation of Service:

Store Mgr Signature: _____

Store Mgr Print Name: _____ Date: _____

Comments:

Store Stamp:

Project Work Completed By: _____