JOB CARD

Date ..... Time .....

Customer Name _____

Contact Person _____

Description

Job Receive By | Customer | Fax | E-Mail | CD / Pen | Sample |

Art Work Charges

Number Of Sets	One	Two	Three	Delivery Date & Time			
Thickness	.95	1.14	1.70	2.54	2.84	3.94	4.70	6.35

Done By	Checked By
Job Start Date & Time	Job Finish Date & Time

Approved By	
Date	Time

Negative __/__/__

Time	Send	Receive

Negative Checked By

Job Is Ok _____

PRODUCTION DEPARTMENT Date _____ Time _____

Plate Cutting	Plate Exposing	Plate Washing	Plate Finishing	Quality Checked By

Exposing Time	Front
	Back

Job Is Ok _____ Finish Date _____ Time _____

Job Flow										

Delivery Date _____ P.O. No. _____

Invoice No. _____ Delivery Note No. _____

REMARKS

Accountant _____ Co-ordinator Signature _____