



**IST WORK ORDER**

CREW: \_\_\_\_\_

START DAY: \_\_\_\_\_ END DAY: \_\_\_\_\_

HELPER: \_\_\_\_\_ TOUCH UP JAR: \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PO#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Co. Name:** \_\_\_\_\_ **Amt. :** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Resp. :** \_\_\_\_\_ **Gate Code:** \_\_\_\_\_

**ITEMS**

<input type="checkbox"/> DBL. TEXTURE	<input type="checkbox"/> STAMP SLATE	<input type="checkbox"/> BROOM FINISH	<input type="checkbox"/> EXTRA SQUEEY	<input type="checkbox"/> RESEAL	<input type="checkbox"/> Paint
<input type="checkbox"/> SQ. TEXTURE	<input type="checkbox"/> STAMP STONE	<input type="checkbox"/> EPOXY	<input type="checkbox"/> REPAIR		<input type="checkbox"/> Stain

**WORK AREAS**

<input type="checkbox"/> Pool deck: _____	<input type="checkbox"/> Patio: _____	<input type="checkbox"/> Garage: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Driveway: _____	<input type="checkbox"/> Walkway: _____	<input type="checkbox"/> Wall: _____	

**PREP**

<input type="checkbox"/> D.O.S. _____	<input type="checkbox"/> Topping Removal _____	<input type="checkbox"/> Crack Repair _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Joints _____	<input type="checkbox"/> Level / Float (Bags) _____	<input type="checkbox"/> Pegas _____	

TEXTURE COLOR	MULTI-SPEC			GROUT COLOR
	Base	Spec 1	Spec 2	Spec 3

PATTERN	BASE COLOR	STAIN

MULTICOLOR		COLOR MIX	
1	2	1	2

EPOXY FLEX	EPOXY SPECS	SINGLE COLOR

**Comments:**

**MATERIALS**

<input type="checkbox"/> Aditive	<input type="checkbox"/> Sand	<input type="checkbox"/> Overlay	<input type="checkbox"/> Pintura	<input type="checkbox"/> Clear	<input type="checkbox"/> Sikaflex	<input type="checkbox"/> Temples	<input type="checkbox"/> Stain
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