



General Work Order

Company:	Tag Name:	Date:
Designer:	P.O. #:	W.O. #: of

Supply List:		Supplier:	Pattern Name / Code:	Colour Name / Code:	Yards:	<input checked="" type="checkbox"/>
	A					<input type="checkbox"/>
	B					<input type="checkbox"/>
	C					<input type="checkbox"/>
	D					<input type="checkbox"/>
	E					<input type="checkbox"/>

Measurements & Drawings

Notes:	