

T.J.X. Corporation
Miscellaneous Construction Project Completion Form

CONTRACTOR: _____ Teamwork Labor Services, Inc. _____

LOCATION: _____

SCOPE OF WORK:

1. _____ Assemble sheet shelves _____
 2. _____
 3. _____
-

START DATE: _____

COMP. DATE: _____

G.C. ON SITE SUPER: _____ TEL #: _____

TJX CONTACT: Cheri Carlow TEL #: (508) 390-2315

This section is to be used as a "SIGN-OFF SHEET" at the end of the project.
General Contractor to return sign-off sheet (full page) with invoice.

For Store Manager's signature at Project Completion. DATE: _____

SIGNED: _____ TITLE: _____

COMMENTS: _____

Fax immediately upon completion to Chris Conley (310) 451-7553