



Materials Approval Form

JOB NAME: _____ Start Date: _____

JOB ADDRESS: _____ Tel #: _____

Insurance Co: _____ Claim #: _____

Project MNGR: _____ NOTES: _____

OTHER: _____

<u>Date</u>	<u>Room area</u>	<u>material/Item</u>	<u>size QUALITY</u>	<u>color</u>	<u>finish</u>	<u>HomeOwner initials</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

homeowner signature print name Date