TOOL ROOM ORDER ENTRY

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ORDER DATE _____ COST TYPE TR-ITEM # _____
CUSTOMER # _____ BMC-ORDER # _____
X Actual BMC-JOB # _____

BILL TO: _____ SHIP TO: _____

CUSTOMER PO# _____ TAX CODE: _____ PRODUCT CODE 1060
ORDER TAKEN BY: JS UM: _____ PLANNER CODE _____
SHIPPING: PREPAID _____ COLLECT _____ SHIP VIA: _____
NOTES (TO BE PRINTED ON INVOICES) _____
BILLING TERMS-PROGRESSIVE: _____
BILLING TERMS-REGULAR INVOICE:

CUSTOMER ITEM#	DESCRIPTION	QTY ORDERED	UNIT PRICE	DUE DATE	INVOICE DATE & NO
TOTAL PRICE TO BE INVOICED					
COMMISSIONED PAID TO:			AMOUNT		

OP-5 DESIGN HOURS: _____ QUOTE RATE: $69.50
COST RATE $ 24+16=40
OP-10 RUN HOURS PER PIECE _____ MATERIAL COST ESTIMATE _____

NOTES (TO BE ADDED TO JOB DESCRIPTION ONLY) ADDITIONAL OP CODES: _____

ATTACHED: BMC QUOTE AND CUSTOMER PURCHASE ORDER OR
ORDER VERIFICATION SIGNED BY CUSTOMER

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FTR18 Rev. C 2/1/15