

PROJECT CHECKLIST

PROJECT NAME _____
COMPANY/DEPT. _____
START DATE _____

INITIAL MEETING

- OCCUPANCY _____
- DESIRED WORKSTATION SIZE _____
- ROOM DIMENSIONS _____
- BUDGET _____
- REQUIRED INSTALLATION DATE _____
- EXISTING CAD DRAWING OF SPACE/BUILDING _____

PROJECT DETAIL

- WORKSTATION FUNCTION (COMPUTER, WORKSURFACE, ETC.) _____
- ROOM DIMENSIONS _____
- COLUMNS _____
- CEILING HEIGHT _____
- EXISTING ELECTRICAL _____
- SPECIAL POWER/VOICE/DATA REQUIREMENTS _____

CUSTOMER ACCEPTANCE OF PLAN AND QUOTATION

- FINISH SELECTION CONSULTATION _____
- SWATCHES AND COLOR BOARD REVIEW _____

PURCHASE ORDER

- VERIFY AND COORDINATE INSTALLATION DATE _____
- SCHEDULE PRODUCT ACCORDINGLY _____
- SCHEDULE FREIGHT
DEALER DELIVERY DATE _____
JOBSITE DELIVERY DATE _____
- SHIP ELECTRICAL FEED (EARLY IF DESIRED) _____

DIRECT CONTACT:

ISABEL DUNKLIN, INTERIOR DESIGNER / SPACE PLANNER
ISABEL.D@MCDOWELLCRAIG.COM
PH: 877.921.2100 x118 • FX: 562.921.9648