



COASTAL INTERNATIONAL DAILY TIME RECORD

EXHIBITOR: _____ **BOOTH #:** _____ **SIZE:** _____
SHOW: _____ **SHOW DATES:** _____ **LOCATION:** _____
DAY: _____ **DATE:** _____ **EXHIBIT HOUSE:** _____
Installation **During** **Dismantle** **SUPV:** _____ **COASTAL:** _____

NAME	AM		MID		PM		ST	OT
	IN	OUT	IN	OUT	IN	OUT		
1								
2								
3								
4								
5								
6								
7								
8								
TOTAL:								

RUNNER	START	STOP	ST	OT	ITEMS REQUESTED

MATERIAL	QTY	MATERIAL	QTY	MATERIAL	QTY
DBL FACED	Roll	FOAM WRAP	4 ft.	FLOOD BULB	Each
CLEAR TAPE	Roll	BUBBLE WRAP	2 ft.	SPOT BULB	Each
FIBER TAPE	Roll	BUBBLE WRAP	4 ft.	MR-16	Each
DUCT TAPE	Roll	BANDING	ft.	HALOGEN BULB	Each
FOAM TAPE	Roll	BANDING	Box	ZIP TIES	Each
VELCRO - M	Roll	DW SCREWS	Each	RENTAL ITEMS	
VELCRO - F	Roll	1/4 x 20's	Each	POWER STRIPS	Each
VELCRO - M	ft.	WING NUTS	Each	EXTENTION CORD	Each
VELCRO - F	ft.	MENDING PLATES	Each	EXTENSION CORD	Each
SHRINK WRAP	Roll	DUVATYNE	Ln. ft.	GENIE LIFT	Hr.
SHRINK WRAP	Skid	SINTRA	Sq. ft.	LIGHT FIXTURES	Each
VISQUINE	Sq. ft.	PLEXI - MILK	Sq. ft.		
REINF. VISQUINE	Sq. ft.	PLEXI - CLEAR	Sq. ft.		
FOAM WRAP	2 ft.	PLYWOOD	Sq. ft.		

DAILY NOTES: _____

DAMAGE NOTES: _____

NEXT DAY LABOR: _____ **APPROVAL:** Company: _____
DAY: _____ **Printed Name:** _____
TIME: _____ **# OF WORKERS:** _____ **Signature:** _____