(bearded studio)

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Design Mock-up Review

Today's Date	Document Date
Return By	Return By Date
Job Title	Client Name Project Title
Job No.	Job Number
Proof No.	Proof Number

Notes _____

_____

Please Check One

○ **Approved:** no corrections

○ **Approved with corrections:** (please list corrections below)

○ **Not approved:** new proof requested

Notes: _____

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Please examine the mock-ups carefully. Once you have agreed that the designs in these mock-ups are final, we will begin applying them to the functional coded version of the project. Any additional changes you would like to make from this point forward may be beyond the scope of the initial estimate. If so, they will be billed at the appropriate hourly rates. Please understand that further changes could also affect the targeted delivery date. By signing below, you accept the attached design mock-up as final. Thank you!

_____

Client Signature Date