

COMPANY NAME:	
CONTACT NAME:	
PHONE:	
PO #:	
DATE ORDERED:	
DELIVERY ?:	YES ___ NO ___



SHEET # ___ OF ___

DRAWING # _____

TAKEOFF # _____

PIECE # _____

GAUGE _____

INCHES W.G. _____

MATERIAL _____

REQUESTED DATE _____

QUANTITY _____

COMMENT _____

CxD

AxB

CHECKLIST

SIZE AxB

CONNECTOR AxB

SIZE CxD

CONNECTOR CxD

LENGTH

SET IN PLAN

SET IN ELEVATION

DAMPERS

ACCESS DOORS

WELDED

AL

YES NO

CLEANED

WIPED

WRAPPED

DRAWING # _____

TAKEOFF # _____

PIECE # _____

GAUGE _____

INCHES W.G. _____

MATERIAL _____

REQUESTED DATE _____

QUANTITY _____

COMMENT _____

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ACCESS DOORS

WELDED

AL

YES NO

CLEANED

WIPED

WRAPPED