

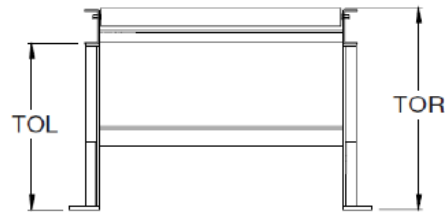
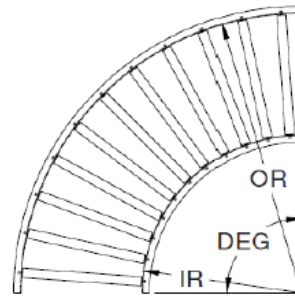
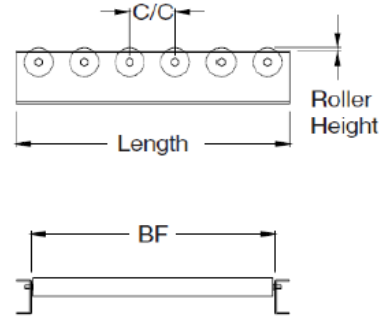
GRAVITY ROLLER CONVEYOR QUOTATION WORKSHEET

Company _____ Date _____
 Contact _____ Quote Due _____ Desired Delivery _____
 Phone No.: _____ Contact Email: _____ State _____
 Omni Sales Contact: _____ Quote #: _____

Quantity: _____

Product Specs:

Max:
 - Width (inches): _____ Length (inches): _____
 - Height (inches): _____ Weight (lbs): _____
 Min:
 - Width (inches): _____ Length (inches): _____
 - Height (inches): _____ Weight (lbs): _____
 Description: _____
 Foot Print: _____
 Max. Qty.: _____ Total Live Load: _____
 Temperature
 -Environment: _____
 -Product: _____



Conveyor Construction:

Between Frame (BF): _____
 Straight - Length: _____
 Curve - Degree: _____
 Inside Radius (I.R.): _____
 Roller Height: _____
 Roller Centers: _____
 Side Frames Structural Formed
 Welded
 Painted Powder Coated
 Epoxy Painted
 Color / RAL: _____
 Stainless Steel
 Bolt-Together
 Painted Powder Coated
 Color RAL: _____
 Galvanized Stainless Steel
 Aluminum

Leg Support: Qty: _____
 Pivot Top Rigid Top
 Upright: _____
 TOR _____ TOL _____ +/- _____

Roller No: _____
 Diameter: _____ Wall: _____
 Bearing: _____
 Axle: _____
 Pin Spring Heat Treat
 Coating _____
 Capacity _____ lbs.

Other: _____

Approval Drawing Required: Yes No