

Fabrication RFQ Form

Account Number: _ Phone: _ Fax: _		Submission Date Delivery Rec Requested By	t:
Item Descripti	on:	Quantity _	
Material Surface Finish Ra Welds ID Welds OD Elastomers	304	316L	As Is _
Weld Method MTR's Drawing	Hand ☐ Yes ☐ HAT Supplied ☐	Jet Drive 🗌 No 🗌 Customer Supplied 🗀	Orbital 🗌
		Sketch	

2.06.2