

Low Profile Light Duty Slider Bed Quoting Worksheet

Customer _____ Contact _____

Date ____ / ____ / ____ P.O. # _____
Quote # _____ Job # _____
Delivery _____ Salesperson _____

Quantity: _____	Conveyor Length [2' to 12' (1' increments)] _____
Belt Specifications:	Degree of Incline: _____
BF: _____	Floor Distance: _____
Construction: Bolt-Together 12 ga. _____	Infeed Height to Top of Belt: _____
Belt Types: <input type="checkbox"/> Std RAV 100 Lite <input type="checkbox"/> Urethane <input type="checkbox"/> Neoprene <input type="checkbox"/> Static Conductive	Discharge Height to Top of Belt: _____
Motor: 1/4 HP FPM: 20 - 40 - 50 - 70 - 103 <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (3:1 ratio AC) (10:1 ratio DC)	Paint Color: _____
Drive Specs: <input type="checkbox"/> Shaft Mount	Leg Supports: _____
Voltage: <input type="checkbox"/> 115V Single Phase <input type="checkbox"/> 460V Three Phase <input type="checkbox"/> 230V Single Phase <input type="checkbox"/> 230V Three Phase	Options: <input type="checkbox"/> 1" Straight Side Skirts <input type="checkbox"/> PVC Side Guides <input type="checkbox"/> 1" Flared Side Skirts <input type="checkbox"/> Discharge Guides <input type="checkbox"/> 1 3/8" Flared Side Skirts <input type="checkbox"/> Top Mount Drive <input type="checkbox"/> Casters <input type="checkbox"/> Bottom Mount Drive <input type="checkbox"/> DC Rated Motor 90V <input type="checkbox"/> Center Drive
Controls Required: <input type="checkbox"/> Start/Stop <input type="checkbox"/> AC Tech Controller <input type="checkbox"/> E-Stop <input type="checkbox"/> DC Controller <input type="checkbox"/> None	Any other pertinent information: _____ _____ _____ _____

Material Specifications

Product(s) Being Conveyed: _____ Distance of Free Fall at Infeed: _____ Continuous/Intermittent
_____ Operating Cycle: _____
Does Product
Minimum/Maximum Impact on Belt: _____ Conveyor Located Indoors/Outdoors: _____
Product Size: _____ Hours/Day of Operation: _____ Special Conditions: _____
% of Fines Present: _____
Product Density #/cu. ft.: _____
Product Wt./Hr.: _____
Maximum Live Load: 10# per foot up to 100# maximum
Any Liquids Present: _____
Product Temperature: _____
Method of Loading: _____

Endura-Veyor Use Only

Quoting Notes: _____

