

RETROFIT ROLLER QUOTATION WORKSHEET

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

CURRENT CONVEYOR SPECIFICATIONS

Length: _____
Width: _____
Roller Diameter: _____
Axle Size: _____ (Hex or Round)
Axle Length: _____ (or Standard)
Roller Center Spacing: _____
Roller Groove Location: _____
Total Conveyor Footage to Retrofit: _____

PRODUCT SPECIFICATIONS

Dimensions (L x W x H): _____
Weight (Min/Max): _____
Material Type (Roller Contact): _____ (cardboard, plastic, steel, etc)

POWER AND CONTROL SPECIFICATIONS:

Throughput (speed ft/min): _____
24V Power Supply Required: _____ (Yes/No)
If yes, please advise AC Voltage Input: _____

ENVIRONMENT SPECIFICATIONS:

Ingress Protection Rating Requirements: _____
Operating Ambient: _____

NOTES: _____

