

## OVERHEAD CONVEYOR QUOTATION WORKSHEET

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

### Product Specs:

Max:  
Width (inches): \_\_\_\_\_ Length (inches): \_\_\_\_\_  
Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_  
Min:  
Width (inches): \_\_\_\_\_ Length (inches): \_\_\_\_\_  
Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_  
Shape/Description: \_\_\_\_\_  
Max. Load Per Carrier \_\_\_\_\_

### Operating Environment:

- Dust  Humidity  Corrosion  
 Extreme temperatures  Other: \_\_\_\_\_

### Conveyor Special Handling Requirements:

- Fragile  Hazardous  Temperature-sensitive  
 Other: \_\_\_\_\_

Required Throughput (units/hour): \_\_\_\_\_

### Facility drawings available?

- Yes  No

Ceiling-Mounted or Supports Required: \_\_\_\_\_

### Preferred conveyor type:

- Power & Free  Enclosed Track  
 I-beam  Monorail

### Automation Requirements:

- Manual  Semi-Automated  Fully Automated

Need for switches, transfers, or lifts? \_\_\_\_\_

Integration with existing systems? If so, please detail:  
\_\_\_\_\_  
\_\_\_\_\_

Available power supply (voltage, phase)? \_\_\_\_\_  
\_\_\_\_\_

Any washdown or food-grade requirements (e.g. FDA compliance)? \_\_\_\_\_

Expected operating hours (shifts/day)? \_\_\_\_\_  
\_\_\_\_\_

Maintenance access constraints? \_\_\_\_\_  
\_\_\_\_\_

Required delivery timeline? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_