

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: _____

