



6890 Spencer St • Las Vegas • NV • 89119
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WO _____ DUE DATE _____
 CONTRACTOR _____ SHT # _____
 JOB NAME _____ PO # _____
 CONTACT _____

Pressure Class	$\frac{1}{2}$ " <input type="checkbox"/>	1" <input type="checkbox"/>	2" <input type="checkbox"/>	Straight Duct	Assm <input type="checkbox"/>	KD <input type="checkbox"/>	Exposed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dampers	Jiffy <input type="checkbox"/>	$\frac{3}{8}$ " rodded <input type="checkbox"/>
	3" <input type="checkbox"/>	4" <input type="checkbox"/>	6" <input type="checkbox"/>	Fittings	Assm <input type="checkbox"/>	KD <input type="checkbox"/>						

FTG NO	CODE	QTY	CONN1 A	CONN2 B	L	S1	S2	LS	RS	TS	BS	DEG	RAD	LINER	VANE

Notes _____
