





513-321-5000 513-321-5000 DATE: CUSTOMER:_____ CONTACT: PHONE: _____ Email _____ PRODUCT DESCRIPTION: Transfer Rate (PPH): _____Bulk Density (P/CF):_____ Product Temperature: ______Moisture Content: Method of Feed To Conveyor: Conveyor Discharge (Into/Onto): Discharge Height (TOB)

Max. Weight on Belt (Lbs.)

S.S. Laced Splice

Spliced "Endless"

Cleat Height

On Centers Corrugated Sidewall Height Drive Location (Right / Left Side) Supports By Kamflex Supports By Others OPERATING ENVIRONMENT: Temperature Humid Dry Dusty Controlled Washdown (Y/N) Hours / Day Usage OPTIONS: Side Rail Height: _____Discharge Slide (Open):____ Discharge Chute (Enclosed): Leveling Feet (+/- 2" Std.): Casters(+/- 1.5" Std.):_____Infeed Hopper____ S.S. Top Covers: _____LEXAN Top Covers: _____ S.S. Drip Pans ______LEXAN Drip Pans: _______
Workshelves (Size) ______UHMW Cutting Boards (Yes/No) _____ SPECIAL NOTES:

SKETCH: Separate Page