FABRICA	AL	om / fax: (623) 505-1056 / text: (602) 578-8498 NAME: COMPANY: PROJECT NAME/PO: REQUESTED COMPLETION:
PAGE OF APPRO)VED:	DATE:
PART NAME: PART QNTY: PART LENGTH: PART COLOR:		
PART GAUGE:		
PLEASE INCLUDE: ANGLES DIMENSIONS HEM TYPE (CH=CLOSED OH=OPEN) INDICATE FINISH SIDE SPECIAL NOTES: ———————————————————————————————————		
OFFICE USE:		FAB SHOP USE:
S/O: FCN:		
PARTS/SHT: SHT REQ'D:		
PART NAME: PART QNTY: PART LENGTH: PART COLOR: PART GAUGE: PLEASE INCLUDE:		
☐ ANGLES ☐ DIMENSIONS ☐ HEM TYPE (CH=CLOSED OH=OPEN) ☐ INDICATE FINISH SIDE SPECIAL NOTES:		

FAB SHOP USE:

OFFICE USE:

S/O: _____ FCN: ____ PARTS/SHT: _____ SHT REQ'D: ___