



Part No.	Finish	Weight	Box Qty
U/CLIP	HG	0.09	100
U/CLIP	SS	0.08	100

Project: \_\_\_\_\_

Approval Stamp:

Architect / Engineer: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Notes 1: \_\_\_\_\_