



Ph: (636) 741-5700 Fax: (636) 741-5701 908 Jeffco Executive Drive, Imperial, MO 63052-1700

---

## BELT QUOTE FORM

### 1. REQUIRED INFORMATION:

*BELT TYPE:* \_\_\_\_\_ *DESCRIPTION:* \_\_\_\_\_  
(TAKE PICTURES IF NEEDED)

*BELT WIDTH:* \_\_\_\_\_ *BELT LENGTH:* \_\_\_\_\_ OR

\*CENTER TO CENTER OF PULLEY'S: \_\_\_\_\_  
AND HEAD & TAIL PULLEY DIA'S  
(IF UNABLE TO MEASURE BELT)

*END PREPARATIONS:* CLIPPER LACE / STAPLE LACE / ENDLESS / HIDDEN LACE

*OTHER:* \_\_\_\_\_

*FABRICATION:*

*CLEATS:*

HEIGHT: \_\_\_\_\_ CENTER TO CENTER: \_\_\_\_\_ COLOR: \_\_\_\_\_

INDENTED FROM EDGE: YES / NO IF YES, DISTANCE FROM EDGE: \_\_\_\_\_

*V-GUIDES:*

TYPE: ( O / A / B / C / K6 / K8 / K10 / K13 / K17 / K22 ) ( NOTCHED / SOLID )

QUANTITY: \_\_\_\_\_ CENTER TO CENTER (IF MORE THAN 1): \_\_\_\_\_

LOCATION: ( COVER SIDE / PULLEY SIDE ) ( CENTERED / OFFSET FROM EDGE \_\_\_IN)

\*EDGE OF BELT TO CENTER  
OF GUIDE

### 2. HELPFUL INFORMATION:

FDA REQUIREMENTS: ( YES / NO ) EXPOSED TO OUTSIDE WEATHER : ( YES / NO )

WHAT IS BEING CONVEYED: \_\_\_\_\_ HOW MUCH TAKE UP: \_\_\_\_\_

TEMP. OF MATERIAL ON CONVEYOR: \_\_\_\_\_ POSITION OF TAKE UP: \_\_\_\_\_

CONVEYOR BED: ( ROLLER BED / SLIDER BED )

LAYOUT: ( INCLINED / DECLINED / HORIZONTAL )