

CUSTOMER: _____

W.O.# _____

SALES REP: _____

DUE DATE: _____

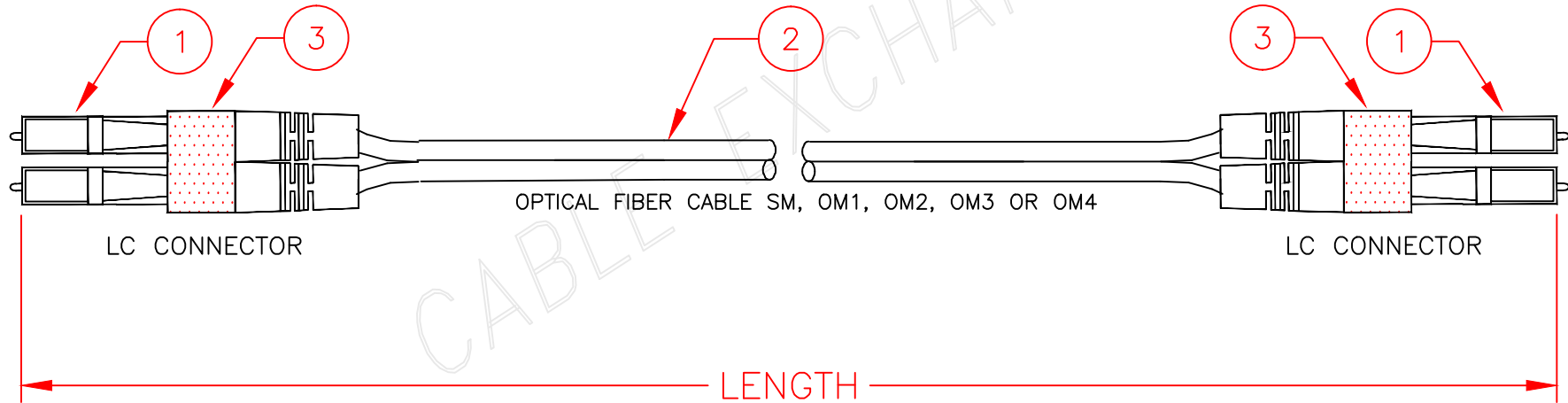
REVISIONS				
ZONE	REV.	DESCRIPTION	DATE	APPROVED

QTY:

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LENGTH:

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ITEM	QTY	MFR	PART NUMBER AND DESCRIPTION	DRAWN	DATE	CABLE EXCHANGE
1	4	ANY	LC CONNECTOR SINGLEMODE OR MULTIMODE	CHECKED		
2	A/R	ANY	OPTICAL FIBER CABLE SM, OM1, OM2, OM3 OR OM4	APPROVED		
3	2	ANY	LC CLIPS	MARKT APP		DRAWING NO. _____ #
4				CUSTOMER:		
5						SHEET: _____ 1 OF 1