

CUSTOMER: \_\_\_\_\_

W.O.# \_\_\_\_\_

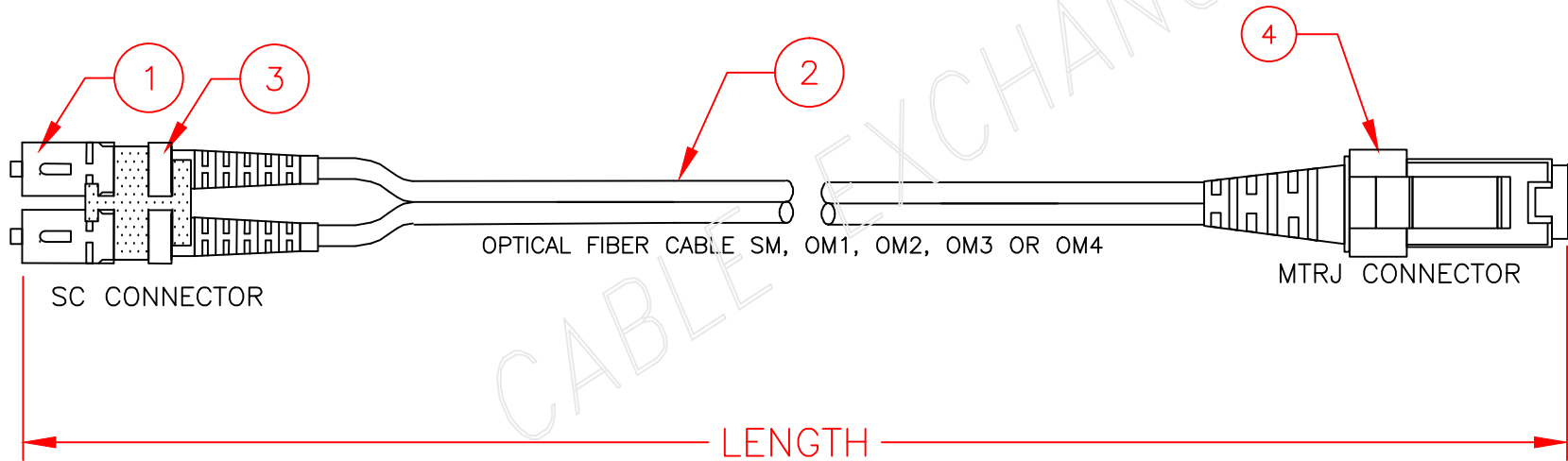
SALES REP: \_\_\_\_\_


DUE DATE: \_\_\_\_\_

REVISIONS				
ZONE	REV.	DESCRIPTION	DATE	APPROVED

QTY: \_\_\_\_\_

LENGTH: \_\_\_\_\_

ITEM	QTY	MFR	PART NUMBER AND DESCRIPTION	DRAWN	DATE	<b>CABLE EXCHANGE</b>  3008 S. CRODDY WAY, SANTA ANA, CA 92704 <b>SCSC MTRJ SM OR MM</b>
1	2	ANY	SC CONNECTOR SINGLEMODE OR MULTIMODE	CHECKED		
2	A/R	ANY	OPTICAL FIBER CABLE SM, OM1, OM2, OM3 OR OM4	APPROVED		
3	1	ANY	SC CLIPS	MARKT APP		
4	1	ANY	MTRJ CONNECTOR SINGLEMODE OR MULTIMODE	CUSTOMER:		
5						DRAWING NO. # FILE NO. SHEET: 1 OF 1