

CUSTOMER: _____

W.O.# _____

SALES REP: _____

DUE DATE: _____

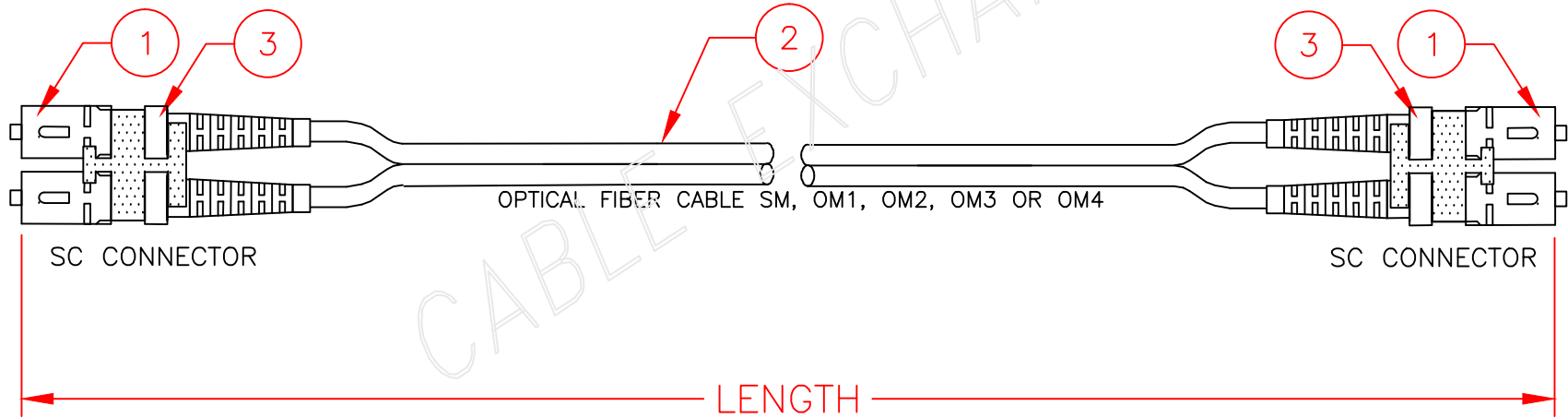
REVISIONS				
ZONE	REV.	DESCRIPTION	DATE	APPROVED

QTY:

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LENGTH:

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