

CUSTOMER: _____

W.O.# _____

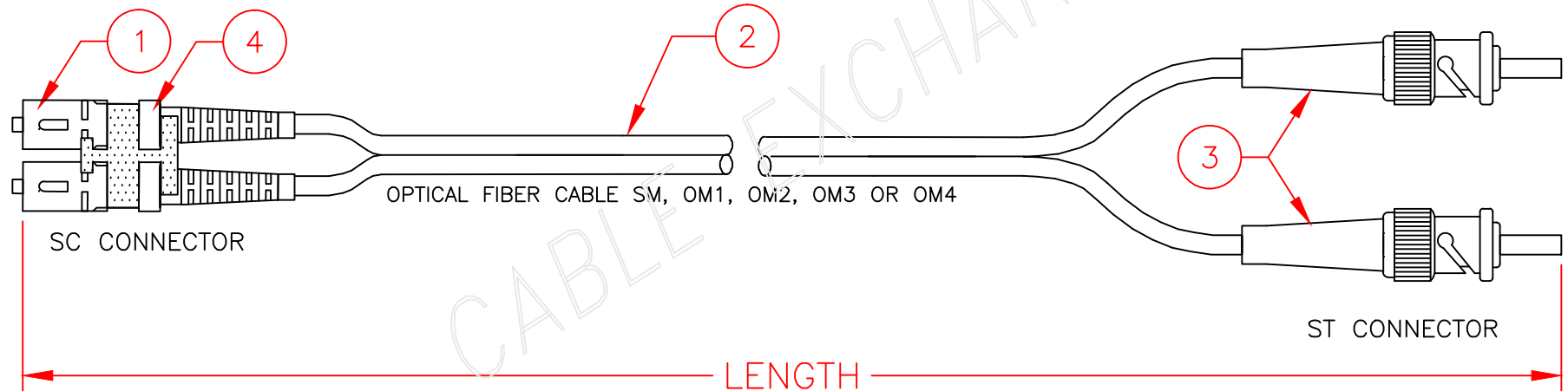
SALES REP: _____


DUE DATE: _____

REVISIONS				
ZONE	REV.	DESCRIPTION	DATE	APPROVED

QTY: _____

LENGTH: _____



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