

Manufacturer Representative Name _____		Tel: _____	
Contact Name and E-Mail _____			
AIR HANDLING UNIT REQUEST FOR QUOTATION FORM			
General Information		Consulting Engineer Name: _____	
Project Name: _____		Address: _____	
Address: _____		Telephone: _____	E-mail: _____
PROJECT DESCRIPTION			
City: _____	State: _____	Zip: _____	Country _____
Unit Model _____	Unit Tag _____	Date _____	
Government Project <input type="checkbox"/>	Industrial Project <input type="checkbox"/>	Office Project <input type="checkbox"/>	Residential Project <input type="checkbox"/>
Domestic Project <input type="checkbox"/>	Private Project <input type="checkbox"/>		
		Number of Floors _____	Tot. Sq Ft Cooling Area _____
		No. of CHILLERS _____	No. of AHU to be served _____
			Export Project <input type="checkbox"/>

Unit Details			
Unit Type	Construction Details	REFRIGERANT	ELECTRICAL
Unit Quantity _____	Single Wall <input type="checkbox"/>	410A _____	Voltage/ph/Hz _____
Horizontal <input type="checkbox"/>	Double Wall <input type="checkbox"/>	R-422B _____	
Vertical <input type="checkbox"/>	Galvanized Cabinet <input type="checkbox"/>	R-22 _____	MOTOR TYPE
Modular <input type="checkbox"/>	Pre-Painted Steel <input type="checkbox"/>	R-134A _____	
Rooftop <input type="checkbox"/>	Powder Painted <input type="checkbox"/>	Other _____	ELECTRIC HEAT
Right Hand <input type="checkbox"/>	Weatherproofed <input type="checkbox"/>	Chilled Water _____	
Left Hand <input type="checkbox"/>		Hot Water Heat _____	

DESIGN CONDITIONS			
Total Capacity _____	BTUH _____	Design CFM _____	Face Velocity _____
Sensible Capacity _____	BTUH _____	Design ESP _____	Fluid GPM _____
EDB/WB _____	°F _____	Unit ISP _____	Fluid Ent. Temp _____
LDB/WB _____	°F _____	Total SP _____	Fluid Lvg. Temp _____
Ambient db/Wb _____	°F _____	Rows/FPI _____	APD _____
Altitude _____	Feet _____	Motor Hp _____	Circuiting _____

OPTIONAL ACCESSORIES		
Optional Hot Water Heat Section	Special accessories	
Rows/FPI _____	Mixing Box Type _____	Face & By pass Dampers _____
Total Cap. _____	Supply Air Plenum _____	IAQ _____
Ent Fluid _____	Return Air Plenum _____	ERV _____
Lvg Fluid _____	Pleated Filters _____	
Optional Electric Heat Section	Special Requirements: _____	
Heater Cap. _____	_____	
Voltage/ph/Hz _____	_____	
Stages _____	_____	

Special Code Compliance:	
Unit Required to Comply with ASHRAE 90.1 Code? YES: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Local Code required: _____ Safety Agency Req'd: _____
All our units can be Rated in accordance to AHRI 550/590	