

**TECHNICAL DATA INPUT SHEET • TRAYS**

COMPANY INFORMATION:			
Company:		Date:	
Contact Name:		Contact Title:	
Address:		Phone:	
		Email:	

INQUIRY DETAILS:			
End User Name:		Project Name:	
Due Date:		Bid Type:	<input type="checkbox"/> Firm <input type="checkbox"/> Budget

TOWER DATA:					
	Units				
Section:					
Diameter:					
Tray Type:					
No. Passes:					
Tray Spacing:					
No. of Trays:					

PROCESS DATA:					
	Units				
VAPOR	Mass Flow:				
	Density:				
	Viscosity:				
Temperature:					
Pressure:					
LIQUID	Mass Flow:				
	Density:				
	Viscosity:				
	Surface Tension:				
System Factor:					

ADDITIONAL CONSIDERATIONS:	
Material of Construction:	
Type of Service:	<input type="checkbox"/> Clean <input type="checkbox"/> Moderate Fouling <input type="checkbox"/> Heavy Fouling <input type="checkbox"/> Foaming
Structural Requirements:	<input type="checkbox"/> Heavy Duty <input type="checkbox"/> Uplift Spec (Please Specify: _____)
Pressure Drop Limitations:	