

REQUEST FOR SUBMITTALS (RFS)



1551 Mt. Rose Avenue
York, PA 17403
717 849 8100

CHECK HERE IF NONE REQUIRED

PROJECT NAME:

PROJECT NUMBER:

Requested By:

Date:

Customer:

GAP Rep.:

Ship to Address:

Customer Email Address:

Customer Telephone:

Product:

Series	Style	AAMA Rating	Product Data/Details (Yes/No)	Test Reports (Yes/No)	Qty.

Other Requirements:

Glazing, Panels and Louvers:

Glass Type	Exterior Lite	Interior Lite	Air Space	Performance Data (Yes/No)	Qty.
GL-1					
GL-2					
GL-3					
GL-4					

Other Requirements (Include panel or louver info if applicable):

Finish:

Finish Type	AAMA Desig.: I.E. 2603, 2604,2605, 611	Color Description.	Color Chart (Yes/No)	Samples (Yes/No)	UC#	Qty.
F-1						
F-2						
F-3						

Other Requirements:

Miscellaneous Items:

ITEM	ITEM DESCRIPTION	QTY.
Sample Warranty		
Venetian Blind Chrt.		
Hardware A		
Hardware B		
Hardware C		

LEEDS Requirements: (Yes / No)

Describe what is needed: