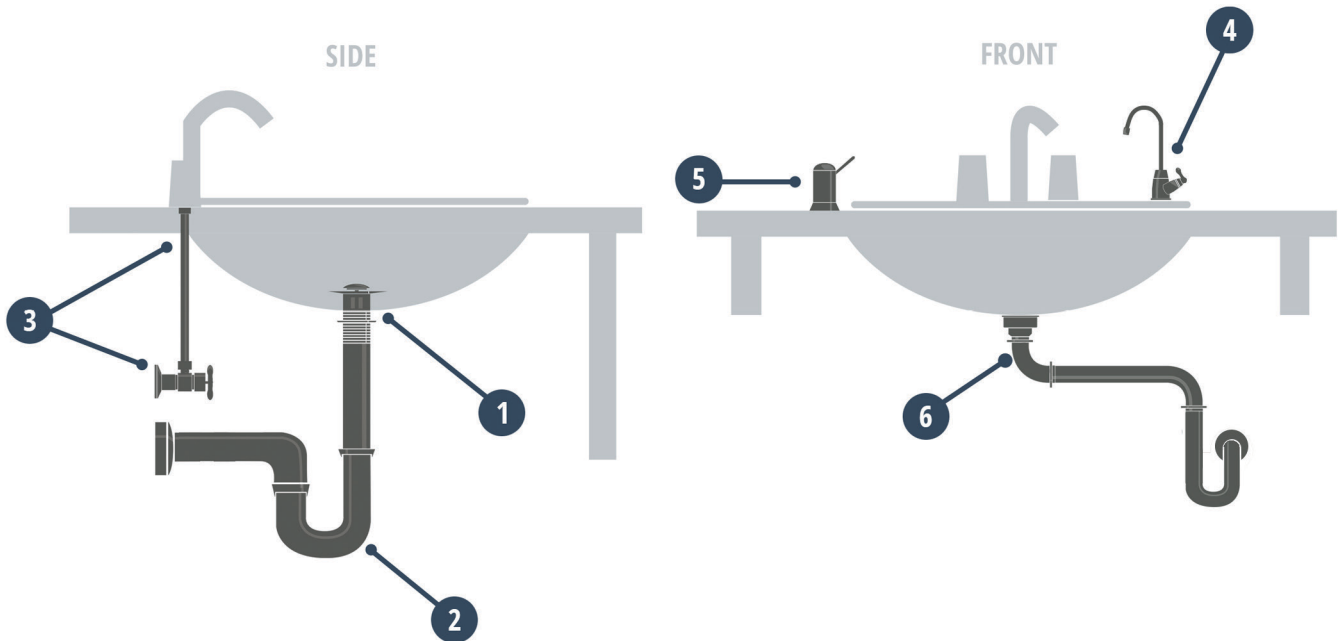


Project Location: _____
 Date: _____
 Customer Name: _____
 Sales Order Number: _____

- 1. Lavatory Drain (with or without Overflow)* _____
- 2. Lavatory Trap* _____
- 3. Lavatory Supply Kit* _____
- 4. Point-of-Use Faucet _____
- 5. Soap/Lotion Dispenser _____
- 6. Lavatory Space Saving Trap _____



Mandatory
 Not Mandatory
 *Available as a Complete Kit