

Project Location: _____

Date: _____

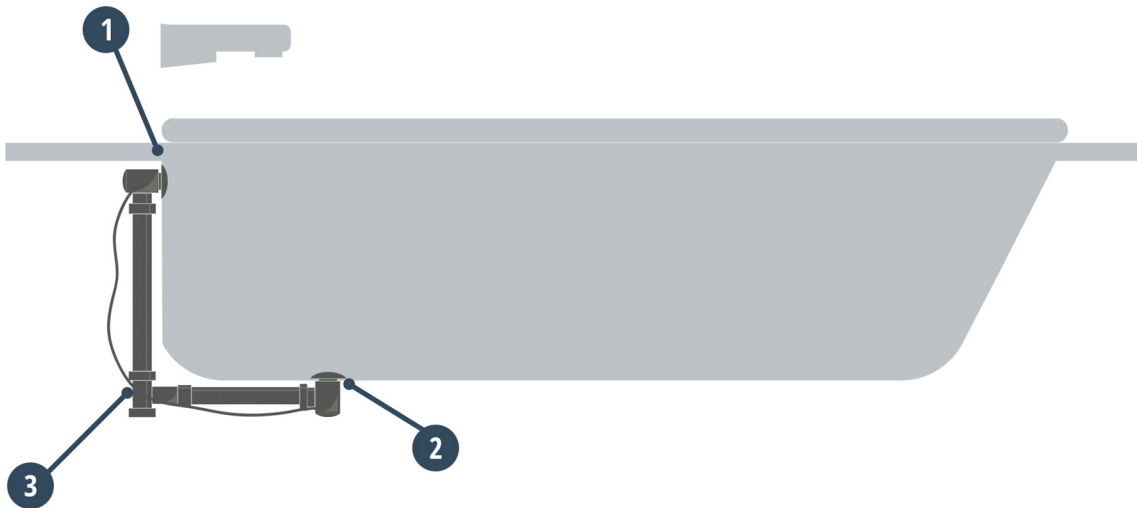
Customer Name: _____

Sales Order Number: _____

1. Overflow Trim _____

2. Drain Trim _____

3. Bath Waste & Overflow* _____



Mandatory



Not Mandatory

***Available as a Complete Kit**