



Toilet

Project Location: _____

Date: _____

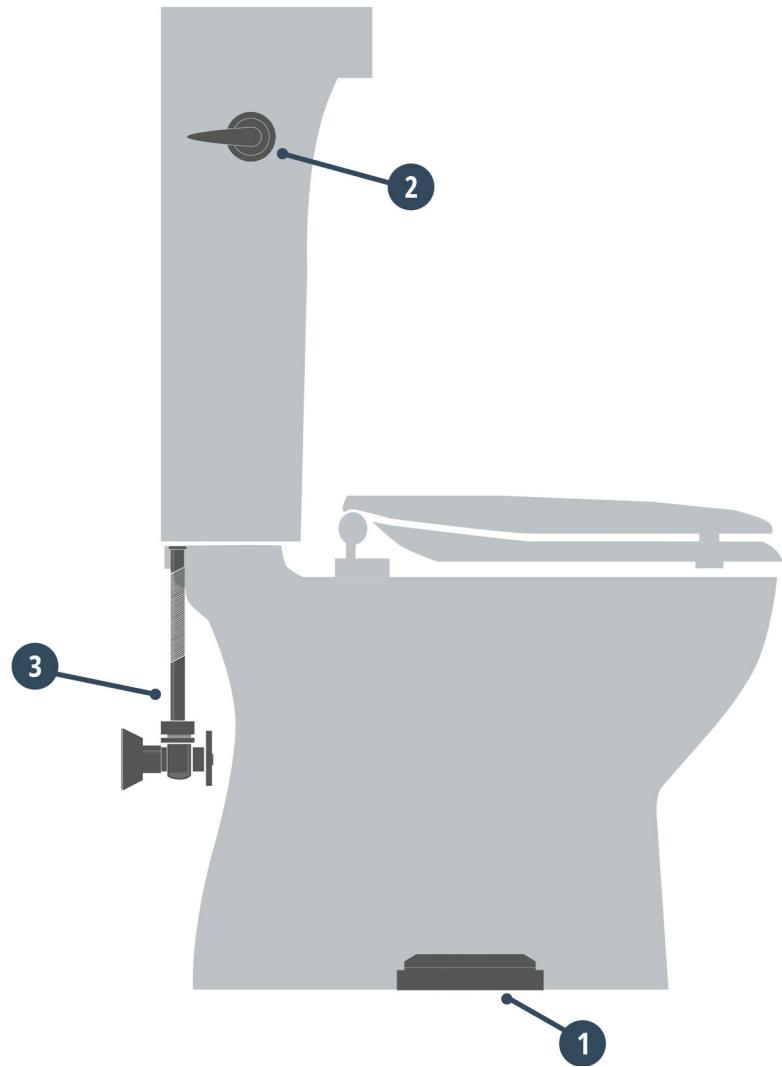
Customer Name: _____

Sales Order Number: _____

1. Wax Ring _____

2. Toilet Tank Lever _____

3. Toilet Supply Kit _____



 **Mandatory**

 **Not Mandatory**