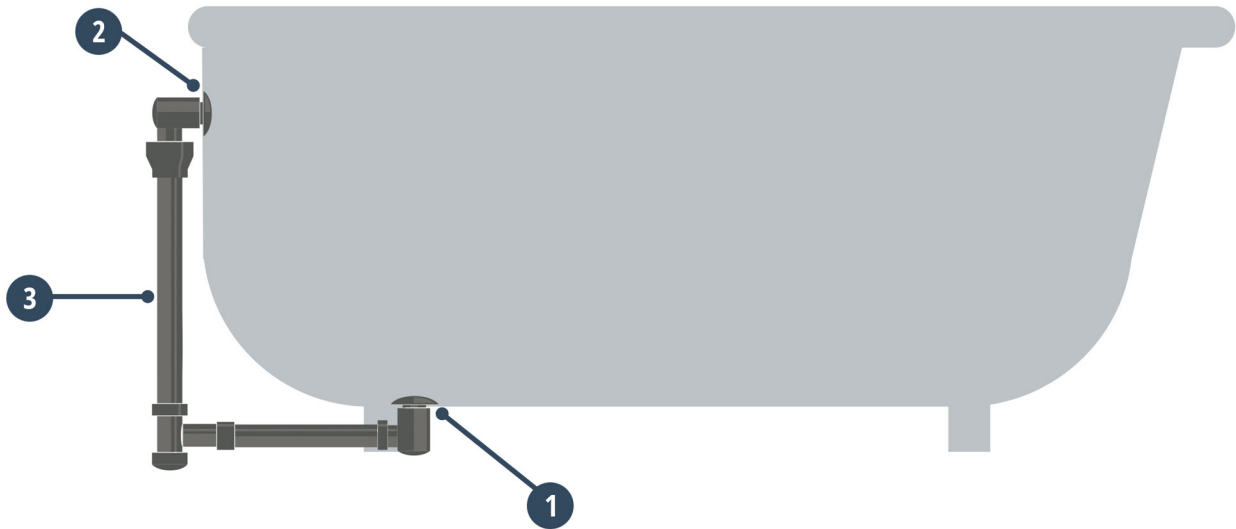


Project Location: _____
 Date: _____
 Customer Name: _____
 Sales Order Number: _____

1. **Overflow Trim** _____
2. **Drain Trim** _____
3. **Bath Waste & Overflow*** _____



Mandatory
 Not Mandatory
*Available as a Complete Kit