Jorgensen
Conveyor and Filtration Solutions

Quotation RFQ for: REPLACEMENT OF CURRENT JORGENSEN CONVEYOR PRODUCT

Date: _____ JCI Lead # _____ JCI Quote # _____

Customer Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Title: _____

Office Phone: _____ Ext: _____ Mobile: _____

Fax: _____ Email: _____

Customer Type: ◯ End User ◯ Machine Tool Dealer ◯ Machine Tool Builder ◯ Industrial Distributor/Reseller

Source of RFQ Data: ◯ JCI ◯ JCI Rep ◯ Customer

Information obtained by ◯ Web ◯ Phone ◯ In-Plant ◯ Other _____

JCI Rep Involved in Project Rep Name: _____ JCI Rep # _____

If the customer being quoted is either a machine tool dealer, machine tool builder, or an industrial distributor/re-seller please provide the end user customer information if available.

End User Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Mobile: _____

Office Phone: _____ Email: _____

This application is for parts being made in which of the following industries? Other _____

☐ Automotive ☐ Aerospace ☐ Oil/Gas/Energy ☐ Medical Device ☐ Construction Equipment

Are we required to follow any defined customer mechanical or electrical specifications?

◯ Yes ◯ No If Yes, Please provide the most recent revision of the customer specification.

Are there industry standards to be followed

☐ UL ☐ CE ☐ ANSI ☐ CSA ☐ Other _____

Is the conveyor to be exported outside of the USA? ◯ Yes ◯ No

Is an existing conveyor being replaced? ◯ Yes ◯ No

If yes, is the existing brand Jorgensen ◯ Yes ◯ No Jorgensen S/N _____

If another brand please specify _____

What is the machine tool brand name for which you need the conveyor? _____

What is the machine tool model designation? _____

What is the machine tool serial number? _____

Machine tool asset designation? _____

What competitors are quoting? _____

Likelihood of Jorgensen getting the order? _____

Approved Project? ◯ Yes ◯ No Project Budget & Amount Approved _____

Decision will be made in ◯ 00-30 Days ◯ 30-60 Days ◯ 60-120 Days ◯ Over 120 Days

If this is to replace an existing conveyor why are you replacing it

☐ Can't Handle Coolant Flow ☐ Can't Handle Chip Volume ☐ Material Being Cut Changed

☐ Tracking Worn ☐ Conveyor Jamming ☐ Conveyor Leaking ☐ Requires Filtration ☐ System Worn Out

What type of machining process is this for

☐ Milling ☐ Turning ☐ Drilling ☐ Grinding ☐ Broaching ☐ Waterjet ☐ Laser Cutting

☐ Plasma cutting ☐ Sawing ☐ Other _____

Types of material(s) being machined

☐ Mild Steel (1050 RC or below) ☐ High Carbon Steel ☐ Tool Steel ☐ Cast Iron ☐ Stainless Steel

☐ Aluminum ☐ Brass ☐ Plastic ☐ Copper ☐ Titanium ☐ Nickel ☐ Composite

☐ Other (Please describe) _____

Material Configuration (please provide representative samples of the chips and/or pictures)

☐ Fine Chips ☐ Small/Broken Chips/Curls ☐ Tight Bushy Chips/Stringers ☐ Loose Bushy Chips/Stringers

Material Volume

*Cubic feet per hour _____ *Cubic feet per shift _____ How many hours in a shift _____

*if the answer to these questions is not known, please try to answer the two questions below on material volume

Size of scrap bin taking chips from conveyor _____ cubic feet

How often does the scrap bin fill? Every _____ Hours

Conveyor Loading ☐ Continuous ☐ Batch (conveyor not running while material accumulates; then turned on)

☐ Coolant and chips ☐ Dry machining ☐ Chips with residual coolant

Coolant Type

☐ Water with rust inhibitor ☐ Water soluble ☐ Semi synthetic ☐ Synthetic ☐ Oil

*If possible, include MSDS sheet and/or Brand and Type _____

Maximum coolant flow rate when all pumps are on _____ ◯ GPM ◯ LPM

NOTES: