



**Flashing Fabrication Form (PAGE # \_\_\_\_\_ OF # \_\_\_\_\_)**

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Client		Contact	
Phone Number		Email	
Job P.O.		Job #	

Job Name	Address
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Date Ordered	Date Needed	Submitted To:
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1)				Flashing Cost		2)				Flashing Cost		
Ga	Brand	\$	Per Inch	Ga	Brand	\$0	Per Inch					
Color		Total Stretch Out		Color		Total Stretch Out						
No of Pcs	Stretch Out	0	Inches	No of Pcs	Stretch Out	0	Inches					
Ln Feet	Material Total			Ln Feet	Material Total		\$	-				
Operations	No of Pcs	0	Total Ops	0	Operations	No of Pcs	0	Total Ops	0			
				\$ Per Op					\$ Per Op	\$	-	
				Labor \$					Labor \$	\$	-	
				Total					Total	\$	-	
				Shear By						Shear By		
				DATE					DATE			
				Fab By						Fab By		
				DATE					DATE			

3)				Flashing Cost		4)				Flashing Cost		
Ga	Brand	\$	Per Inch	Ga	Brand	\$	Per Inch					
Color		Total Stretch Out		Color		Total Stretch Out						
No of Pcs	Stretch Out	0	Inches	No of Pcs	Stretch Out	0	Inches					
Ln Feet	Material Total		\$	-		Ln Feet	Material Total		\$	-		
Operations	No of Pcs	0	Total Ops	0	Operations	No of Pcs	0	Total Ops	0			
				\$ Per Op					\$ Per Op	\$	-	
				Labor \$					Labor \$	\$	-	
				Total					Total	\$	-	
				Shear By						Shear By		
				DATE					DATE			
				Fab By						Fab By		
				DATE					DATE			

1)	\$	-	2)	\$	-	3)	\$	-	4)	\$	-	Page Total	\$	-
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Customer Final Signature \_\_\_\_\_ Date \_\_\_\_\_