









# DRAGON SHEET METAL



NAME	DATE OF ORDER	EMAIL
ADDRESS	DATE FLASHING NEEDED	
CITY	JOB NAME	
PHONE	JOB LOCATION	CB      MT CB      COUNTY

MATERIALS	# OF SHEETS	# OF SHEETS	What Color?	#, Size of Roll	Best Stretch Out
<input type="checkbox"/> 4 X 10 26 ga		<input type="checkbox"/> 4 X 10, Colored			
<input type="checkbox"/> 4 X 8 26 ga		<input type="checkbox"/> Roll, Colored			
<input type="checkbox"/> 16 oz Copper 3 X 10		<input type="checkbox"/> 4 x 10 Black Steel			
<input type="checkbox"/> 16 oz Copper Roll		<input type="checkbox"/> Other			

	Hem	No Hem	# of Feet	Pitch	Stretch Out
 90 Sidewall	<input type="checkbox"/>	<input type="checkbox"/>			
 Endwall	<input type="checkbox"/>	<input type="checkbox"/>			
 Drip Cap	<input type="checkbox"/>	<input type="checkbox"/>			
 Pitchchange ___ / 12 to ___ / 12	<input type="checkbox"/>	<input type="checkbox"/>			
 90 Drip Edge	<input type="checkbox"/>	<input type="checkbox"/>			
 Pitched Drip Edge	<input type="checkbox"/>	<input type="checkbox"/>			
 Ridge Cap	<input type="checkbox"/>	<input type="checkbox"/>			
 Valley	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Other/Notes</b>	<input type="checkbox"/>	<input type="checkbox"/>			

**LABOR**

WHO	DATE	HOURS

<i>DO NOT WRITE IN THIS SPACE</i>		
TOTAL SHOP HOURS		
TOTAL MATERIALS USED		
TAX ON MATERIALS <input type="checkbox"/>	TOTAL <input type="checkbox"/>	NO TAX <input type="checkbox"/>