



# Micro Motion Request For Quote Data Worksheet

Date		Project Name	
Contact		Qty THIS spec	
Company		Meter Tag(s)	
Phone			

Fluid Name		Fluid State	<input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Slurry	Allowable Pressure Drop At Max Flow (REQUIRED)		Density Accuracy (If measuring density)	
Required Accuracy At Max Flow (% of Rate) (REQUIRED)	<input type="checkbox"/> Standard <input type="checkbox"/> Enhanced	Certification (REQUIRED)	<input type="checkbox"/> Requires 3-A <input type="checkbox"/> Legal for Custody Transfer	Enclosures	<input type="checkbox"/> Painted Aluminum <input type="checkbox"/> Stainless Steel		

	Minimum (Optional)	Operating (REQUIRED)	Maximum (Optional)	Units (REQUIRED)
Flow Rate				<input type="checkbox"/> USGPM <input type="checkbox"/> USGPH <input type="checkbox"/> L/min <input type="checkbox"/> L/hr <input type="checkbox"/> lb/min <input type="checkbox"/> lb/hr <input type="checkbox"/> kg/min <input type="checkbox"/> kg/hr
Upstream Pressure				<input type="checkbox"/> psia <input type="checkbox"/> psig <input type="checkbox"/> barg
Fluid Temperature				<input type="checkbox"/> Degrees F <input type="checkbox"/> Degrees C
Ambient Temperature				<input type="checkbox"/> Degrees F <input type="checkbox"/> Degrees C
<input type="checkbox"/> Density <input type="checkbox"/> Specific Gravity				<input type="checkbox"/> lb/gal <input type="checkbox"/> kg/L <input type="checkbox"/> lb/ft3 <input type="checkbox"/> kg/cm3 <input type="checkbox"/> g/cm3
Viscosity				<input type="checkbox"/> cP <input type="checkbox"/> centistokes

CHOOSE ONE STYLE ONLY

Direct Digital Output (NO Transmitter)	<p><input type="checkbox"/> MVD SOLO (Direct RS-485 Output)</p> <p><input type="checkbox"/> DIN Rail External Ethernet Module Supplied</p>	<table border="1"> <tr><th>Fitting</th></tr> <tr><td><input type="checkbox"/> Tri-Clamp Preferred Clamp Size _____ inches</td></tr> <tr><td><input type="checkbox"/> Other Fitting Type _____</td></tr> </table>	Fitting	<input type="checkbox"/> Tri-Clamp Preferred Clamp Size _____ inches	<input type="checkbox"/> Other Fitting Type _____										
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Notes

<p><b>Transmitter Output Scaling (If Analog/Frequency output channels required)</b></p> <p>NOT Required if ETHERNET ONLY OUTPUT</p> <p><b>NOTE</b> If no scaling specified, meter configured for maximum flowrate</p>	<table border="1"> <tr><th>Volume Units</th></tr> <tr><td><input type="checkbox"/> gallons</td></tr> <tr><td><input type="checkbox"/> liters</td></tr> <tr><th>MASS Units</th></tr> <tr><td><input type="checkbox"/> pounds</td></tr> <tr><td><input type="checkbox"/> kilograms</td></tr> </table>	Volume Units	<input type="checkbox"/> gallons	<input type="checkbox"/> liters	MASS Units	<input type="checkbox"/> pounds	<input type="checkbox"/> kilograms	<table border="1"> <tr><th>Time Base</th></tr> <tr><td><input type="checkbox"/> seconds</td></tr> <tr><td><input type="checkbox"/> minutes</td></tr> <tr><td><input type="checkbox"/> hours</td></tr> </table>	Time Base	<input type="checkbox"/> seconds	<input type="checkbox"/> minutes	<input type="checkbox"/> hours	<table border="1"> <tr><th>Analog Output 1 (If applicable)</th></tr> <tr><td><input type="checkbox"/> Density</td></tr> <tr><td><input type="checkbox"/> MASS Flow Rate</td></tr> <tr><td><input type="checkbox"/> Volume Flow Rate</td></tr> <tr><td>LRV (4mA) _____</td></tr> <tr><td>URV (20mA) _____</td></tr> </table>	Analog Output 1 (If applicable)	<input type="checkbox"/> Density	<input type="checkbox"/> MASS Flow Rate	<input type="checkbox"/> Volume Flow Rate	LRV (4mA) _____	URV (20mA) _____	<table border="1"> <tr><th>Analog Output 2 (If applicable)</th></tr> <tr><td><input type="checkbox"/> Density</td></tr> <tr><td><input type="checkbox"/> MASS Flow Rate</td></tr> <tr><td><input type="checkbox"/> Volume Flow Rate</td></tr> <tr><td>LRV (4mA) _____</td></tr> <tr><td>URV (20mA) _____</td></tr> </table>	Analog Output 2 (If applicable)	<input type="checkbox"/> Density	<input type="checkbox"/> MASS Flow Rate	<input type="checkbox"/> Volume Flow Rate	LRV (4mA) _____	URV (20mA) _____	<table border="1"> <tr><th>Frequency (If applicable)</th></tr> <tr><td><input type="checkbox"/> MASS Flow Rate</td></tr> <tr><td><input type="checkbox"/> Volume Flow Rate</td></tr> <tr><td><input type="checkbox"/> Pulses / Unit _____ / _____</td></tr> <tr><td><input type="checkbox"/> Units / Pulse _____ / _____</td></tr> </table>	Frequency (If applicable)	<input type="checkbox"/> MASS Flow Rate	<input type="checkbox"/> Volume Flow Rate	<input type="checkbox"/> Pulses / Unit _____ / _____	<input type="checkbox"/> Units / Pulse _____ / _____
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