

Customer: _____ PO Number: _____ Date: _____

Feature		Configuration (Standards are marked in bold)	
Base Meter	Meter size	<input type="checkbox"/> G65 <input type="checkbox"/> G250 <input type="checkbox"/> G1000	<input type="checkbox"/> G100 <input type="checkbox"/> G400
	Meter diameter	<input type="checkbox"/> DN50 <input type="checkbox"/> DN80 <input type="checkbox"/> DN100 <input type="checkbox"/> DN150	(as G65) (as G100 / G 160 / G250) (as G160 / G250 / G400) (as G250, G400, G650, G1000)
	Pressure class	<input type="checkbox"/> PN10 <input type="checkbox"/> PN25 <input type="checkbox"/> ANSI 150 RF <input type="checkbox"/> ANSI 600 RF <input type="checkbox"/> ANSI 300 RTJ	<input type="checkbox"/> PN16 <input type="checkbox"/> PN40 <input type="checkbox"/> ANSI 300 RF <input type="checkbox"/> ANSI 150 RTJ <input type="checkbox"/> ANSI 600 RTJ
	Housing material	<input type="checkbox"/> GGG-40 / GJS-400-18-LT (only available with PN10/16 & ANSI150) <input type="checkbox"/> Steel Housing S355	
	Lubrication	<input type="checkbox"/> permanent lubrication (only available with PN10/16 & ANSI150) <input type="checkbox"/> oil pump	
	Coating	<input type="checkbox"/> Standard (RAL 1004) <input type="checkbox"/> Other, please specify: _____	
	Counter Head	<input type="checkbox"/> S1 <input type="checkbox"/> S1 with Encoder Please specify Encoder protocol: <input type="checkbox"/> NAMUR <input type="checkbox"/> MBus <input type="checkbox"/> SCR+ <input type="checkbox"/> Other, please specify: _____	
Testing	Calibration / Testing	<input type="checkbox"/> MID <input type="checkbox"/> factory checked	
	LP/HP calibration	<input type="checkbox"/> Low pressure (at atmospheric pressure) <input type="checkbox"/> High pressure with natural gas* <input type="checkbox"/> High pressure with air* <i>* must have if operating pressure above 4 bar with MID</i>	
	HP calibration details (if HP calibration chosen)	Test pressure: _____ Preferred test rig: _____	
	Certificate	<input type="checkbox"/> Low pressure <input type="checkbox"/> High pressure <input type="checkbox"/> without cert	
	Language Certificate	<input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> French	
	Number of checkpoints / Measuring range	Low pressure: <input type="checkbox"/> 5 MR: 1:10 <input type="checkbox"/> 6 MR: 1:20 <input type="checkbox"/> 7 MR: 1:30 / 1:50 <input type="checkbox"/> 10 <input type="checkbox"/> Other, please specify: _____	High pressure: <input type="checkbox"/> 5 MR: 1:10 <input type="checkbox"/> 6 MR: 1:20 <input type="checkbox"/> 7 MR: 1:30 / 1:50 <input type="checkbox"/> 10 <input type="checkbox"/> Other, please specify: _____

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Installation	Flow direction	<input type="checkbox"/> Left → Right <input type="checkbox"/> Right → Left <input type="checkbox"/> Top → Down <input type="checkbox"/> Bottom → Up
	Mounting of EVC	<input type="checkbox"/> No <input type="checkbox"/> EK280 <input type="checkbox"/> EK205 <input type="checkbox"/> EK220
	Pressure connection	<input type="checkbox"/> pr connection plugged <input type="checkbox"/> 6mm pipe with 2-way valve <input type="checkbox"/> 6mm pipe with three-way valve <input type="checkbox"/> pressure hose with two-way valve <input type="checkbox"/> pressure hose with three-way valve
	Thermowells	<input type="checkbox"/> 0 <input type="checkbox"/> 1 (not available for DN50) <input type="checkbox"/> 2 (not available for DN50)
Pulse Outputs	LF-pulse output	<input type="checkbox"/> none <input type="checkbox"/> INS-10 (2.5m cable with loose ends) <input type="checkbox"/> INS-11 (1x Binder plug male) <input type="checkbox"/> INS-12 (2x Binder plug male) <input type="checkbox"/> Other, please specify: _____
	HF-pulse outputs	<input type="checkbox"/> 1x A1S (on turbine wheel / not available in DN50) <input type="checkbox"/> 2x A1S (on turbine wheel / not available in DN50) <input type="checkbox"/> 1x A1R (on reference wheel) <input type="checkbox"/> 2x A1R (on reference wheel / not available in DN50)

Project / Customer reference / Comments / Special requests

Customer, Address: _____

Contact: _____

Tel.: _____

E-Mail: _____

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