Differential Pressure Flow Element • RFQ

Fill in the form below, complete sections 1 through 4 and email to: veris-sales@**armstrong**international.com

*Requested By:*_____

Date: _____ Tag#: _____ E-mail:_____

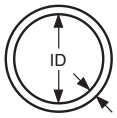
Phone: _____ Fax: _____

Company: _____ Address: _____ City, State, Zip: _____

End User:

Company Name: _____ City: _____ State, Zip: _____

1. Enter Pipe Dimensions



Pipe Size _____ Sch _____

Pipe ID _____ Wall _____ Pipe Mat'l _____

2. Pipe Orientation

(Check one box)

☐ (H) Horizontal

☐ (V) Vertical

3. Enter Flow Conditions

Fluid Name:		Maximum	Normal	Minimum	Units
Flow Rate					
All Fluids	Pressure @ Flow				
	Temperature @ Flow				
Gas	Specific Gravity, or				
	Molecular Weight				
Liquid	Specific Gravity				
Steam	Flow Element Sizing Program can calculate Density from Temperature and Pressure				

Special Instructions

4. Primary Element

☐ **Orifice Plate**
☐ **Venturi**
☐ **Flow Nozzle**
☐ **Wedge**

Desired Differential Pressure at Max Flow: _____

Desired Beta Ratio (if applicable): _____

Meter Run:
☐ **Yes**
☐ **No**

Orifice Plate:

☐ **Concentric**
☐ **Eccentric**
☐ **Quadrant Edged**
☐ **Segmented Bore**

Tap Type:
☐ **Flange**
☐ **Radius**
☐ **Vena Contracta**
☐ **Pipe**

Flange Rating (if applicable):
☐ **300#**
☐ **600#**

Venturi/Flow Nozzle:

☐ **Flanged**
☐ **Weld-In**
☐ **Insert**

Flange Rating (if applicable):
☐ **150#**
☐ **300#**
☐ **600#**
☐ **Other**

Material of Construction:

Throat _____

Body _____

Notes:

Armstrong VERIS Flow Measurement Group – 5820 Glacier Way Frederick, CO 80516 - USA Phone: 303-652-8550 Fax: 303-652-8552 **armstrong**international.com

Printed in U.S.A.