



MGM TRANSFORMER COMPANY

5701 SMITHWAY STREET • CITY OF COMMERCE, CALIF. 90040

(323) 726-0888 • FAX (323) 726-8224

Quotation-Dry Type

Date: _____

Customer: _____

Address: _____

Phone: _____

Fax: _____

Job Reference: _____

Quantity: _____

Windings: **Aluminum** or **Copper** (Circle One)

Kva Rating: _____

Primary Voltage: _____ (Delta or Wye)

Secondary Voltage: _____ (Delta or Wye)

Phase: **Single Phase** or **Three Phase** (Circle One)

Temp. Rise: **150 115 80** Degree rise (Circle One)

Enclosures: **NEMA 1/NEMA 2 <Indoor>** or **NEMA 3R <Outdoor>** (Circle One)

Hertz : **50** or **60** Htz (Circle One)

K-Factor: **None K4 K9 K13 K20 K30** (Circle One)

Energy Efficiency: **DOE 2016** Yes or No

Special Features: _____

Notes/Pricing

Sale Price: \$ _____ EA

List Price: \$ _____

10% Adder: \$ _____ (If Applicable)

10% Adder: \$ _____ (If Applicable)

Other Adder: \$ _____ (If Applicable)

Total List Price: \$ _____

List X _____ (Multiplier) = \$ _____ (Net)

Add Freight: \$ _____

Freight Allowed: \$ _____