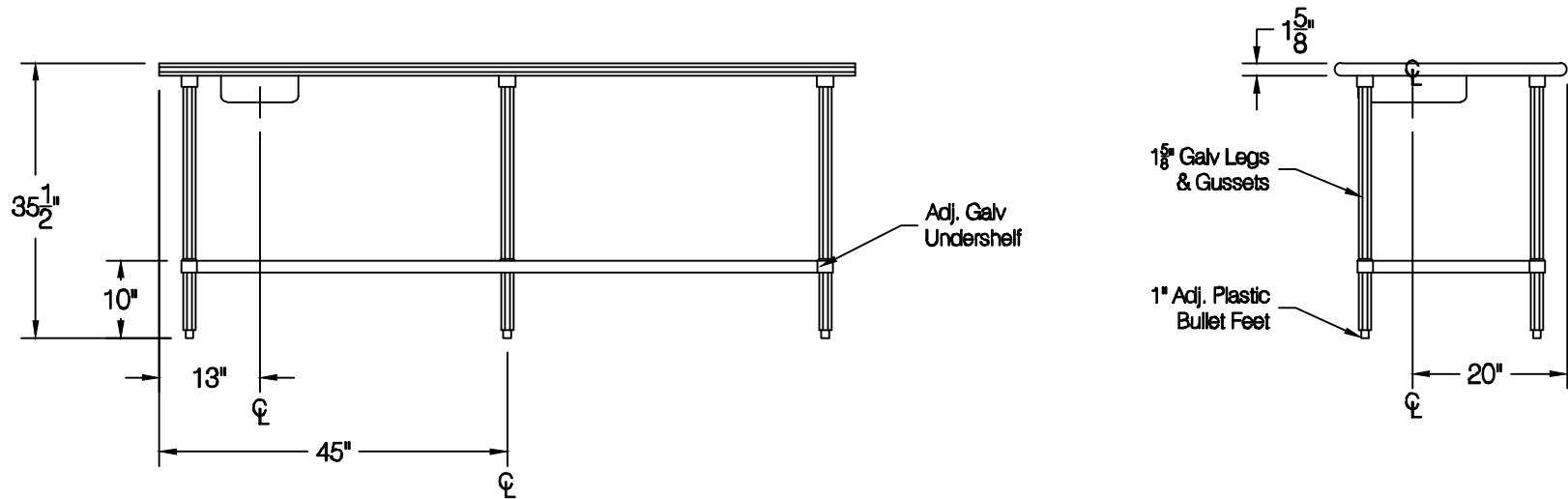
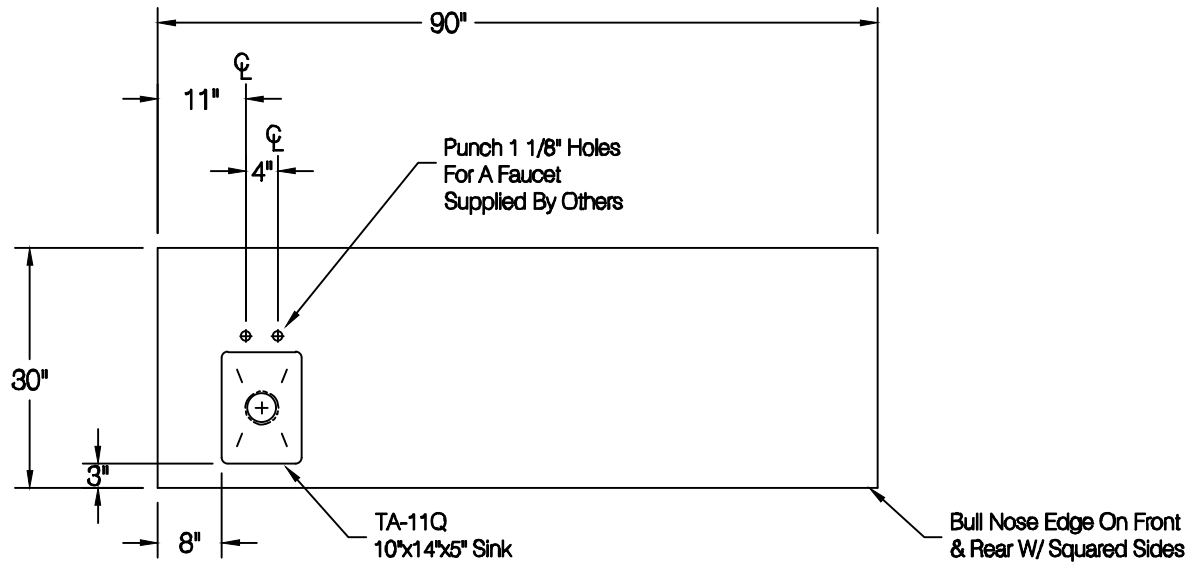


Quantity:



**ADVANCE TABCO**  
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 cad@advancetabco.com

Customer:	Order / Quote #	Sheet #	Original Drawing Date:	NO.	Revision Date:	By:	Print Approval:	
	<b>4265</b>			1				Accessory Locations MUST Be Verified Prior To Unit Being Fabricated
Job Name:	Model #	Item #	Material:	2				
	AG-308 / TA-11Q		16 GA. 430 S/S	3				
Purchase Order # :	Drawn By:	Scale:	Tolerance:	4			Approved By _____ Date _____	
	E. Mencarelli	1/2" = 12"	+ .500 - .500	5				
FACTORY USE ONLY:	WELDING:	Final Inspection:					Approved By _____ Date _____	
	1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____	1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____						

