

STEEL REEL - RETURN REPORT (For Customer Use)

Customer Name: _____ Date: _____

Location (Address): _____

Contact Name _____

Phone # _____

Fax # _____

E-Mail _____

Cell Phone # _____

	REEL NUMBER	SIZE (Flange, Traverse, Drum in inches)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
14		
15		