

WHB Request for Proposal Form



*Minimum information required for budget quote.

INQUIRER*

Name: _____
Company: _____
Address: _____

City: _____
State/Province: _____ ZIP: _____
Email: _____
Phone: _____
Required Proposal Date: _____

END USER*

Name: _____
Company: _____
Address: _____

City: _____
State/Province: _____ ZIP: _____
Required Delivery Date: _____
Anticipated Date of Purchase: _____
Qty: _____

Budget Firm Replacement (Year / Model No. / Job No.) _____

GAS SIDE:

Flue Gas Source:* _____
FEED Fuel:* _____
Flue Gas Flowrate:* _____ lb/hr
Flue Gas Inlet Temp.:* _____ °F
Flue Gas Outlet Temp.:* _____ °F
Flue Gas Pressure:* _____
Allowable Pressure Drop: _____ inH2O
Exhaust Composition:*
CO₂: _____ % vol.
H₂O: _____ % vol.
N₂: _____ % vol.
O₂: _____ % vol.
SO₂: _____ % vol.
Hcl: _____ % vol.
H₂S: _____ % vol.
H₂: _____ % vol.
CO: _____ % vol.
CH₄: _____ % vol.
SO₃: _____ % vol.
Ash*: _____ lb/hr

* Attach ash analysis, ash loading, and fusion/melting temperatures, if present.

WATER SIDE:

Estimated Steam Production:* _____ lb/hr
Steam Pressure:* _____ psig
Superheated Steam Temp.:* _____ °F±10°F
Saturated
Feedwater Temperature:* _____ °F
Blow Down: _____ %
Required Steam Purity: _____ ppm (TDS)
Feedwater Analysis: _____
Deaerated & Meets ASME Limits

INSURANCE REQUIREMENTS:

FM: IRI: NFPA:

Other: _____

SITE CONDITIONS

Installed Location: _____

Elevation: _____ ft

Space Restrictions: _____

Noise Limits: _____ dBa

Ship / Delivery Date: _____

Shipping Terms: _____

Electric Requirements: _____ Volts / 60 or 50 Hz / 3 or 1 Phase

SCOPE OF SUPPLY

	YES	NO	COMMENTS:
Base Boiler:			_____
Superheater:			<small>N/A</small> <u>N/A if Saturated Steam</u> _____
Economizer:			_____
Section I Trim:			_____
Feedwater Trim:			_____
Sootblower(s):			_____
Ductwork:			_____
Main Stack:			Total Elevation from Grade: _____ ft
Platforms:			_____
WHB Control:			_____

CUSTOMER*

Name: _____

Company: _____

Address: _____

City: _____

State/Province: _____ ZIP: _____

Country: _____

PROJECT LOCATION*

Name: _____

Company: _____

Address: _____

City: _____

State/Province: _____ ZIP: _____

Country: _____

COMMENTS: _____
