



# BEAM DELIVERY ORDER

Pennstress Job #: \_\_\_\_\_

Date Submitted: _____	Point of Contact: _____
Contractor/Erector: _____	Phone/Email: _____
Job SR & Title: _____	Location: _____
ECMS (Contract) #: _____	Skid Beam <input type="checkbox"/> NO <input type="checkbox"/> YES
Delivery Side of Bridge (circle): <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	

Delivery Date	Delivery Time	Beam Number	Beam Mark End		Beam Size			Dispatching Information		
			Toward Tractor	Toward Trailer	Width	Length	Weight	Truck	Trailer	Ticket

NOTES:

**Email Form to: [bwilson@pennstress.com](mailto:bwilson@pennstress.com) or fax it to 814-693-5475**