FORM A

FROM: _____ TO: _____

Name (print) Signature

FACILITY NAME: _____

SUBJECT: **ADDITIONAL SERVICES - CHILLER SERVICE CONTRACT QUOTATION**

DATE: _____

Brief description of work to be done:

_____

_____

Parts Needed:

Manufacturer	Model #	Part #	Description	List Price	Quant.	Price __ % off List	Extended Amount

Mechanic Labor Hours _____ x _____ /Hr. $_____

Parts (Form A)	$_____
Misc. (Form B)	$_____
Labor (Form A)	$_____

TOTAL QUOTE $_____

VERIFIED BY _____

M-DCPS (Blanket) PO # _____

M-DCPS Release # _____

M-DCPS W/O # _____

PLEASE EMAIL BACK TO REQUESTER: _____

Name Email address

Note: Vendor may not proceed with work without first receiving a Release # or a Confirmation # from the Procurement Management Services.