Miami-Dade County Public Schools
giving our students the world

Exhibit 1

FORM A

FROM: _____ TO: _____
_____ _____

FACILITY NAME: _____
SUBJECT: **Security System Services** DATE: _____

Types of Services: ___ Additions ___ Corrective maintenance ___ Emergency Maintenance
___ Vandalism ___ Repairs due to external forces-lightning, flood or other natural disaster

Brief description of work to be done:
_____
_____
_____

Parts Needed:

Manufacturer	Model #	Part #	Description	List Price	Quantity	Price (% off List)	Extended Amount

Lic. JP/Mechanic Hours _____ x _____ /Hr. $ _____

Laborer/Helper Hours _____ x _____ /Hr. $ _____

VERIFIED BY _____

PARTS (Form A) $_____
MISC. (Form B) $_____
LABOR (Form A) $_____

TOTAL QUOTE $_____

MDCPS (Blanket) PO # _____
MDCPS Release # _____
MDCPS W/O # _____

PLEASE FAX BACK TO REQUESTER:

_____ _____
Name Fax Number

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

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Exhibit 2

FORM B

FROM: _____
_____

TO: _____
VIA FAX: _____

FACILITY NAME: _____

SUBJECT: **Security System Services** DATE: _____
Vendor shall complete this form when miscellaneous materials are required.

ITEMIZED LIST OF MISCELLANEOUS MATERIALS

Manufacturer	Model #	Part #	Description	List Price	Quantity	Price (% off List)	Extended Amount
					TOTAL: $		

(Enter Total on Form A)