

SPO VL CONTRACT NO. 19-09
UNIFORM REQUEST FOR QUOTES
NASPO VALUEPOINT OFFICE FURNITURE

SECTION 1 - AGENCY TO COMPLETE:

DATE: _____

AUTHORIZED DEALERS INVITED TO SUBMIT QUOTES:

Contract Furnishers of Hawaii dba Office Pavilion Fisher Hawaii Interior Showplace Ryan Michael Corp. dba Senetics

GOVERNMENT AGENCY CONTACT INFORMATION:

Department: _____ Division/Agency: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Address: _____

QUOTE DUE DATE: _____

SCOPE OF SERVICES:

Additional Pages Attached

Submit Quote via: Email Fax US Postal

SECTION 2 - DEALER TO COMPLETE:

DEALER CONTACT INFORMATION:

Company Name: _____

Company Representative: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

PRODUCT QUOTE:	\$	(contract price; include Item list price & contracted discount percent)
+Design Services	\$	(estimated total; include hourly rate x estimated hrs)
+Installation Services	\$	(estimated total; include hourly rate x estimated hrs)
+Freight	\$	(west coast port to Hawaii)
+GET	\$	(4.712% for Oahu; 4.166% for Hawaii, Maui, Kauai, Lanai, Molokai)
= TOTAL QUOTE	\$	(Include details and breakdown of quotes in Additional Information and/or Additional Page Attached)

ADDITIONAL INFORMATION:

Additional Pages Attached

Quote shall remain firm for _____ days

All quotes shall be signed and dated by an authorized individual of the company.

Signature: _____ Date: _____

Printed Name: _____ Printed Title: _____

SECTION 3 – STATE ACCEPTANCE, if any:

By signing below, the Department/Division/Agency stated in Section 1 above has selected the dealer stated in Section 2 above to provide services under SPO VL Contract No. 19-09.

Signature: _____ Date: _____

Printed Name _____ Printed Title: _____