

REQUEST for ARMORED CAR SERVICES

IFB No. 22005; SPO PL Contract No. 22-10

For Agency Use

Agency hereby submits the following request for services.

Submitted by: _____

Phone No.: _____

Date to begin services: _____

For Contractor Use

Contractor hereby accepts Agency's request for services effective the Date stated, or as amended.

Signature: _____

Print Name: _____

PICK-UP FROM:

Department: _____

Division/Branch: _____

Street Address: _____

Room/Suite: _____

Building: _____

City/Zip/Island: _____

Contact Person: _____

Phone Number: _____

INVOICE ADDRESS:

DAYS REQUESTING PICK-UP (check all that apply):

Sunday

Approx. Pick-up Time: _____

Monday

Approx. Pick-up Time: _____

Tuesday

Approx. Pick-up Time: _____

Wednesday

Approx. Pick-up Time: _____

Thursday

Approx. Pick-up Time: _____

Friday

Approx. Pick-up Time: _____

Saturday

Approx. Pick-up Time: _____

Holidays

Approx. Pick-up Time: _____

Agency will contact vendor for furlough day/holiday pick up

Other (specify): _____

Special Instructions: _____

FOR WHICH DAY DELIVERY:

Same Day Delivery

Deliver-by Time: _____

Next Day Delivery

Deliver-by Time: _____

Next day only if too late for same day delivery

Deliver-by Time: _____

Other (specify): _____

Deliver-by Time: _____

DELIVER TO:

Bank: _____

Location/Branch: _____

Other (specify): _____

location: _____

street: _____

room/suite: _____

city/zip/island: _____

contact person (if applicable): _____

phone number (if applicable): _____

TYPES OF ITEMS:

Types of items to be delivered: _____

Agency - Submit completed form to Contractor. Contractor - Once request approved/accepted, sign. Copy to agency.