

**REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)**

1. REQUEST NO. Copier		2. DATE ISSUED 1-11-19		3. REQUISITION/PURCHASE REQUEST NO.		PAGE 1 OF 1		PAGES	
4a. ISSUED BY: Eras Senior Network, Inc.						6. DELIVER BY (Date) 4-1-2019			
4b. FOR INFORMATION CALL:						7. DELIVERY			
NAME Kathy Gale KathyG@ErasWaukesha.org			TELEPHONE NUMBER			<input type="checkbox"/> FOB DESTINATION		<input type="checkbox"/> OTHER (See Schedule)	
			AREA CODE 262	PHONE NO. 522-2400		8. DESTINATION			
				FAX NO.		a. NAME OF CONSIGNEE			
5. TO:									
a. NAME Kathy Gale			b. COMPANY Eras Senior Network, Inc.			b. STREET ADDRESS			
c. STREET ADDRESS 210 NW Barstow Street Suite 101						c. CITY			
d. CITY Waukesha			e. STATE WI	f. ZIP CODE 53188		d. STATE	e. ZIP CODE		
9. PLEASE FURNISH QUOTATIONS VIA EMAIL TO THE ISSUING OFFICE IN BLOCK 4a ON OR BEFORE NOON OF BUSINESS ON (Date) 2-22-19			IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this template and return it to the address in Block 4a. This request does not constitute a commitment to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Applicable Federal clauses or required certifications are attached. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.						

10. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Copier Serves as Network printer for 20 users Color copies restricted by user Track copies by job code 3 paper trays, manual feed Print label setting Collate, Staple				

11. DISCOUNT FOR PROMPT PAYMENT	<input type="checkbox"/>	a. 10 CALENDAR DAYS (%)	<input type="checkbox"/>	b. 20 CALENDAR DAYS (%)	<input type="checkbox"/>	c. 30 CALENDAR DAYS (%)		d. CALENDAR DAYS
							NUMBER	PERCENTAGE

NOTE: Additional provisions and representations are are not attached.

12. NAME AND ADDRESS OF QUOTER			13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		14. DATE OF QUOTATION	
a. NAME OF QUOTER						
b. STREET ADDRESS						
c. COUNTY			15. SIGNER			
			a. NAME (Type or print)		b. TELEPHONE	
					AREA CODE	
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER