

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

1. REQUEST NO. Telephone System		2. DATE ISSUED 1-4-19		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 AREA CODE 262			PHONE NO. 522-2400 FAX NO.			<input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <small>(See Schedule)</small>	
5. TO:						8. DESTINATION				
a. NAME Kathy Gale						b. STREET ADDRESS				
b. COMPANY Eras Senior Network, Inc.						c. CITY				
c. STREET ADDRESS 210 NW Barstow Street Suite 101						d. STATE e. ZIP CODE				
d. CITY Waukesha			e. STATE WI		f. ZIP CODE 53188					
9. PLEASE FURNISH QUOTATIONS VIA EMAIL TO THE ISSUING OFFICE IN BLOCK 4a ON OR BEFORE NOON OF BUSINESS ON (Date) <u>2-22-19</u>			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)
	Voice over IP telephone service 20 – 25 users, hardware and service 2-4 Conference telephones Voicemail, include as WAV file attached to email Main telephone number and individual direct dial Multiple lines ring when call dialed to main number(s) Ability to see users on computer screen Send/Receive fax via email	36 months			

11. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	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				15. SIGNER		b. TELEPHONE	
b. STREET ADDRESS						a. NAME (Type or print)	
c. COUNTY				c. TITLE (Type or print)		NUMBER	
d. CITY		e. STATE	f. ZIP CODE				