

QUOTE FORM

Project – Lump Sum

Seattle Public Schools Small Works Roster

Originator (SPS): _____

Origination Date: _____ Notice to Proceed Date: _____

Project Number: _____ Location: _____

Work Requested (Detailed Description):

IN ORDER TO BE CONSIDERED, QUOTES MUST BE RECEIVED IN CONTRACTING SERVICES AT THE ADDRESS BELOW NO LATER THAN _____ P.M. ON _____, 200__.

U.S. mail: Seattle Public Schools
Small Works Services
MS 22-346
P.O. Box 34165
Seattle, WA 98124-1165

Location: Seattle Public Schools
Small Works Services
MS 22-346
2445 Third Ave S
Seattle, WA 98134-1923

Telephone: (206) 252-0561 Fax: (206) 252-0573

Contractors Total Quote Amount

Amount in words: _____

_____ Dollars

(\$ _____)

Company Name: _____

HUB Code: _____

Signature: _____

Date: _____