UNIVERSITY OF ILLINOIS

Request for Quote Form

College/Departme	ent Information		
College/Department:		Date:	
Primary Contact (Individual requesting services):			
Address:			
Phone:		E-Mail:	
Firm Information			
Name of Firm:			
Contract Numl	oer:		
Service Category (Do not abbreviate o	category title or position title)	
Category Title:			
Position Title:	Position Title:		
Task Order De	Task Order Description (scope of project):		
Desired Start [Desired End Date:	
Proposal Informat within three busines	ion (To be completed	by firm after department chooses candidate, and returned to Primary Contact	
Project Start D	ate:	Project End Date:	
Estimated Nun	nber of Hours:	Hourly Rate:	
Estimated Trav	el for project:		
Total Cost: \$		(Number of hours multiplied by hourly rate plus estimated travel.)	
Number of inv	oices per project:	(Note: Firm must indicate number of invoices for project, billing no more frequently than monthly.)	
Scope of Service/Personnel assigned, including job titles, as appropriate: (attach detail, if necessary)			
Duomocal aubm	sisted by		
Proposal subn Name:	nitieu by:		
Address:			
Phone:		E-Mail:	
Signature:		Date:	
S.B. iatai C.		Date.	

This Request for Quote form or any attachments, exhibits or additional documents are not intended to and shall not change, add, delete, or modify terms incorporated in the contract referenced above. The purpose of the Request for Quote form is to further specify project details covered under the original scope of services approved by the Board of Trustees of the University of Illinois. Such details may include but not be limited to deliverables, personnel assigned and tasks to be performed.

NOTE: The Request for Quote form is not an authorization to begin services nor is the University under any obligation to pay for services outlined in the Request for Quote form. Services can only begin after the firm has received a Purchase Order.