

REQUEST FOR TASK ORDER QUOTE

POOL INSPECTION AND MAINTENANCE SERVICES

DCAM-20-NC-RFP-0013 [CONTRACTOR NAME]

BASE PERIOD

(CLIN) Contract Line Item Number	PRODUCT DESCRIPTION	CONTRACTED HRLY RATE/UNIT PRICE	QTY	EXTENDED COST
001	TECHNICIAN			\$ -
002	TECHNICIAN HELPER	-		\$ -
003	MATERIALS	-		\$ -
			0	\$ -

SERVICE LOCATION

CONTRACTOR

AUTHORIZED CONTRACTOR REPRESENTATIVE (PRINTED NAME)

AUTHORIZED CONTRACTOR REPRESENTATIVE (SIGNATURE)

DATE