

# REQUEST FOR QUOTE FORM

## Basic and Technical Review Checklist



PRIORITY LEVEL:

SAME DAY RESPONSE REQUIRED:

HIGH

MED

LOW

Basic Review: TODAY'S DATE: \_\_\_\_\_

1. Customer Name: \_\_\_\_\_ Address: \_\_\_\_\_
2. Main Point of Contact: Name: \_\_\_\_\_ Phone / Email: \_\_\_\_\_
3. Title of Work / Project or Vessel: \_\_\_\_\_
4. Type of Work:  Engineering,  Fabrication,  Installation,  Other (\_\_\_\_\_)
5. Quantity of Items:  6. Location of Fabrication: \_\_\_\_\_ Where to be delivered (FOB?): \_\_\_\_\_
7. Location of Installation: \_\_\_\_\_ 8. Delivery/Installation Dates): \_\_\_\_\_
9. Type of Quote:  Budgetary,  Fixed,  T & M,  Labor Rates,  Unit Rates
10. Customer's Requested Bid Delivery Date: \_\_\_\_\_
11. Customer's Budget (Optional): \_\_\_\_\_ 12. How many Bidders (Optional): \_\_\_\_\_
13. Notes / Comments: \_\_\_\_\_

### Technical Review For Internal Purposes Only

1. Estimating Required (Type of Material Take Off Required): \_\_\_\_\_ Piping, \_\_\_\_\_ Structural, \_\_\_\_\_ Mechanical / Machining, \_\_\_\_\_ Electrical
  2. Survey Required / When: \_\_\_\_\_
  3. Full Quality / Commercial Package Required (Detail): \_\_\_\_\_
  4. Full Bid / No Bid Review required: \_\_\_\_\_ Yes, \_\_\_\_\_ No
- SALES ASSOCIATE: \_\_\_\_\_

**\*Upon completion please email to [pwebb@offshoreinland.com](mailto:pwebb@offshoreinland.com)**