



Consulting/Service Required Information

Complete and return to Procurement Contracting Officer
Fax: 404-894-8552

Requisition Number _____		
Vendor Name _____		
Vendor Point of Contact _____		
Address _____		
Phone _____	Fax _____	Email _____

Sole Source Attached _____	Vendor Profile Attached _____
Cost Analysis Attached _____	

Effective Dates: From _____ To _____
Scope of Work _____

Hourly Rate: \$ _____	Daily Rate: \$ _____
Weekly Rate: \$ _____	Flat Rate: \$ _____
Allowed Expenses: \$ _____	
Total Not To Exceed: \$ _____	