



## 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: \$ \_\_\_\_\_