

Office Of Printing & Mailing Services

Estimate Form

YOU MUST ATTACH A COPY OF THIS ESTIMATE WHEN SUBMITTING
YOUR DA-104 FORM TO MAKE IT AN OFFICIAL PART OF YOUR JOB.

Estimates are valid for 30 days

Agency Number	Agency Name	Agency Address	Date Estimate Requested
Contact Person	Phone Number	Email Address	Previous Job # (if applicable)

Scope of Work	Product Description
Job Title/Description	
Product Size	
Number Of Pages	
Unfolded Size	
Artwork (PDF/Hard copy)	
Proofs	
Text Paper	
Cover Paper	
Text Ink	
Cover Ink	
Bindery Spec.	
Other Details	
Quantity	COST—OFFICE USE ONLY
1.	
2.	
3.	
4.	

Estimate Prepared By: _____ Date Estimate Prepared: _____

This is an estimate on the scope of work/goods named, subject to the conditions above.
Any deviation from specifications renders estimate null and void.

To accept this quotation, sign here: _____

Thank you for your business!