

INDEPENDENT COST ESTIMATE - GOODS

(Make no entries in rows or columns labeled Calc)

BASIC GOODS TO BE PROCURED: _____

ESTIMATED COST: \$ _____

SPECIAL FEATURES/OPTIONS:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

INSTALLATION: \$ _____

SERVICE AGREEMENT: \$ _____

WARRANTY: Place X in front of appropriate time period
30-DAY 60-DAY 90-DAY 1 YEAR \$ _____

EXTENDED WARRANTY: DURATION: _____ months/years \$ _____

SHIPPING & HANDLING, FREIGHT CHARGES: \$ _____

OTHER: _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ESTIMATED COST (Calc): \$ _____ -

Prepared by _____

Date: _____