SUPPLIER PRICE REQUEST

ISSUING OFFICE	and the same of th	CONTRA	Cropic william			
DHS			CONTRACTOR'S INFORMATION			
			NAME & ADDRESS: Altenor Consultan ts			
		Altenor				
CONTRACTING OFFICER:						
PHONE NO:		!	CONTACT PERSON: Aidan Altenor			
FAX NO;		PHONE N	PHONE NO: 610-906-6668			
ANTICIPATED CONTRACT PERIOD.		FAX NO:	FAX NO:			
START DATE: April 3, 2017	END DATE:	SAP VEN	SAP VENDOR NO.: 801541			
		LICENSE OR REGISTRATION NO.:				
MATERIAL/SERVICE DESCRIPTION			QUANTITY	UNIT PRICE	TOTAL PRICE	
consulting services		·	468	100	46800	
				TOTAL +		
In compliance with the terms Contractor, which intends to I	, conditions, and specification	is referenced h	plou the under		46800	
Contractor, which intends to I services at the price(s) set fo	be legally bound hereby, offer rth above at the time(s) and	rs and agrees, point(s) specifi	if the quote is accorded.	ned, on behalf of the provide	ne ne specified	
Standard Purchase Or Standard Contract Ter	der Terms and Conditions ~ P ms and Conditions – Paper C	Paper PO, BOP- ontract, BOP-1	1202 or 204			
	ement of Work (attached)	•		·		
3. Reciprocal Limitations Act Requirements, GSPUR-89 (Materials Only)						
4. Insert additional Item, as applicable:						
5. Insert additional Item, as applicable:						
PRESIDENT/VICE PRESIDENT/MANAGE	- CONTRACTOR'S	SIGNATURE (1)	VINK) -			
(SIGN BELOW, PRINT NAME, AND	CIRCLE TITLE ABOVE)	DATE	1,000			
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