

**Louisiana Office of Technology Services Network Services
Ethernet Agency Request for Vendor Quote Form (NS-51)**

FOR VENDOR USE ONLY

REF# _____
To be assigned by OTS-NS

Contract# _____

TC Approval _____
Prepared By _____ Date _____
Email _____ Telephone Number _____
Mobile Telephone Number _____ Fax Number _____

Location 1
Agency/Department _____
Street Address _____ Room/Suite _____
City _____ Zip _____ Parish _____ Region _____
Onsite Contact _____
Email _____ Telephone Number _____

Service Description (Speed Options)	Installation Cost	Vendor Monthly Costs	OTS-NS Monthly Admin Fee	Total Monthly Costs	Installation Interval
			\$50.00		
			\$50.00		
			\$50.00		
			\$50.00		

Location 2
Agency/Department _____
Street Address _____ Room/Suite _____
City _____ Zip _____ Parish _____ Region _____
Onsite Contact _____
Email _____ Telephone Number _____

Service Description (Speed Options)	Installation Cost	Vendor Monthly Costs	OTS-NS Monthly Admin Fee	Total Monthly Costs	Installation Interval
			\$50.00		
			\$50.00		
			\$50.00		
			\$50.00		

Additional agency comments/requests (if this is a change/upgrade to an existing network, indicate host circuit ID below:

Vendor Value-Added Features	One-Time Costs	Monthly Costs

*Vendors: Please include all applicable costs per contract terms