

SERVICE PROVIDER QUOTE FORM

Name of Service Provider: _____ Date of Quote: _____
Address: _____
City/State/Zip: _____
Contact Person: _____
Phone: () _____ Fax: () _____

TYPE OF WORK TO BE DONE (please circle work description quoted)
Glass Replacement Interior Grille Replacement
Exterior Grille Replacement Window Parts Replacement
Operable Window Repair Unit
Miscellaneous (describe)

Number of people required to complete repair: _____ Hourly rate/person \$ _____
Hours needed to complete work: _____ Personnel cost \$ _____
Approximate travel distance (miles): _____ Cost per mile \$ _____
Equipment rental: _____ Rental cost \$ _____
Miscellaneous expenses: _____ Miscellaneous cost \$ _____
Tax \$ _____
TOTAL QUOTE \$ _____

JOB SITE

Address: _____
City/State/Zip: _____
Contact Person: _____
Phone: () _____

INFORMATION TO BE COMPLETED BY NMW AND SERVICE PROVIDER

New Morning Windows has approved your quote to provide service work on our behalf.
Thank you for your assistance.

Date of approval: _____ Approved at NMW by: _____
Date service work will take place: _____ Supervisor: _____
Date service work completed/approved by job site coordinator: _____
Name of job site coordinator: _____
Notes: _____

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