

QUOTE

GOODS/SERVICES PROVIDED BY:

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

TO:

Lehman College Association for Campus Activities

250 Bedford Park Blvd. West

Bronx, NY 10468

Item/Service	Quantity/Hours	Rate	Amount
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
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_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

TOTAL: \$ _____

Notes:

Club Name: _____

Event Name: _____

Event Date: _____