

INITIAL BID WORK SHEET

ACCOUNT MANAGER: _____ DATE: _____

CLIENT NAME: _____

CLIENT ADDRESS: _____

CLIENT CONTACT: _____ CLIENT CONTACT PHONE: _____

CLIENT CONTACT E-MAIL: _____

PROJECT NAME: _____ PROJECT TYPE: _____

PROJECT ADDRESS: _____

PROJECT CONTACT: _____ PROJECT CONTACT PHONE: _____

PROJECT CONTACT E-MAIL: _____

BID RELEASE DATE: _____ BID RECEIPT DATE: _____

PRE-BID CONFERENCE DATE & TIME: _____ MANDATORY: YES NO

PRE-BID CONFERENCE LOCATION: _____

QUESTION DATE & TIME DEADLINE: _____

BID DUE DATE & TIME DEADLINE: _____

ACCEPTED BID DELIVERY METHODS: ELECTRONIC FAX HARD COPY

BID DELIVERY E-MAIL ADDRESS: _____

BID DELIVERY HARD COPY ADDRESS: _____

BID DELIVERY FAX NUMBER: _____

NOTES: _____
