



DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

Your firm is being considered as a possible source for the following:

This letter is submitted to secure an estimate on the above-listed item(s). It in no way constitutes a purchase order; nor is it to be considered as authority for delivery or work to be started. If the veteran selects an item, you are requested to take any measurements that may be necessary.

If an artificial limb or a new socket for a limb has been prescribed, please complete Part I, Stump Socket Measurements, on the back of this letter. If the item described above is covered under VA contract, enter your contract number and other pertinent information in the spaces provided in Part II.

If the items selected are not covered by the contract, complete Part III, Informal Quotation. If a contract with you is currently in effect for the same class of appliance, the guarantee and other provisions as outlined therein will apply. If you do not have a current contract for the same class of appliance, please state in the space under "Articles or Services" the guarantee provisions applicable to this quotation.

Upon completion of the estimate, return the original and one copy of this letter to the Department of Veterans Affairs facility indicated above. Consideration of the purchase of the above item(s) will be made, and, if approved, a purchase order to cover the appliance or repair will be prepared and forwarded to you.

You may retain one copy of this letter for your files.

Sincerely,



REQUEST TO SUBMIT ESTIMATE

This information is collected in accordance with section 3507 of the **Paperwork Reduction Act of 1995**. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all providers who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The purpose of this form is to solicit a price quote. Submission of this data is voluntary and failure to respond will have no adverse effect on any benefits to which the provider might otherwise be entitled.

PART I - STUMP SOCK MEASUREMENTS					PART II - CONTRACT ITEMS									
MEASUREMENT INSTRUCTIONS - If stump sock is available, take measurements with sock lying flat. If no sock is available, measure stump circumference at top of prosthesis and 2 inches from stump end. For length, allow 3 inches for turn-down. For Syme's, Chopart's or hip disarticulation amputations, send pattern or drawing.					NAME AND ADDRESS OF VENDOR									
LEG MEASUREMENTS		RIGHT		LEFT		VA CONTRACT NO.	GROUP	ITEM NUMBER	CONTRACT PRICE					
		SOCK	STUMP	SOCK	STUMP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
SOCK SIZE NO.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 150px; width: 100%;"></div>								
TOP (Inches)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
TOE (Inches)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
LENGTH (Inches)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
MATERIAL & PLY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
ARM MEASUREMENTS		RIGHT		LEFT						SIGNATURE AND TITLE OF COMPANY OFFICIAL <input style="width: 100%;" type="text"/>				
		SOCK	STUMP	SOCK	STUMP								DATE <input style="width: 100%;" type="text"/>	
SOCK SIZE NO.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
TOP (Inches)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
TOE (Inches)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
LENGTH (Inches)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 30px; width: 100%;"></div>								
MATERIAL & PLY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									

PART III - INFORMAL QUOTATION FOR NONCONTRACT ITEMS	
TO	NAME AND ADDRESS OF VA FIELD FACILITY
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
	DELIVERY TO BE MADE F.O.B.
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

ITEM NO.	ARTICLE OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BIDDER REPRESENTS THAT THE AGGREGATE NUMBER OF EMPLOYEES OF THE BIDDER AND ITS AFFILIATES IS <i>(Check Appropriate Box)</i> <input type="radio"/> 500 OR MORE <input type="radio"/> LESS THAN 500			NAME OF VENDOR <input style="width: 100%;" type="text"/>
DELIVERY TO BE MADE WITHIN <i>(Specify number of days after receipt of purchase order):</i> <input style="width: 100%;" type="text"/>			BY <i>(Signature)</i> <input style="width: 100%; height: 30px;" type="text"/>
TRADE DISCOUNT: <input style="width: 50px;" type="text"/> % CASH DISCOUNT			TITLE OF PERSON AUTHORIZED TO SIGN THIS QUOTATION <input style="width: 100%;" type="text"/>
PAYMENT WITHIN 10 DAYS <input style="width: 50px;" type="text"/> %	PAYMENT WITHIN 20 DAYS <input style="width: 50px;" type="text"/> %	PAYMENT WITHIN 30 DAYS <input style="width: 50px;" type="text"/> %	ADDRESS OF VENDOR <i>(Number and street)</i> <input style="width: 100%;" type="text"/> CITY, STATE AND ZIP CODE <input style="width: 100%;" type="text"/>