OFR Office Furniture Resources

Boise | Idaho Falls | Helena | Billings

INSTALLATION QUOTE REQUEST

208.888.5739 | www.OFRInstalls.com

Please complete as much as possible. Incomplete information may delay your quote or affect pricing accuracy. Fields can be typed directly in this PDF.

1. REQUESTER / DEALER INFORMATION

Company / Dealer | Contact Name | Requester Type (-- Select --) | Email | Phone

Dealer Street Address | City | State | ZIP | Dealer PO / Project # | Date of Request | Quote Needed By

2. BILLING CONTACT

Billing Contact Name | Billing Contact Email Address | Billing Contact Phone Number

3. END USER & JOB SITE

End-User Company | Site Street Address | City | State | ZIP

Suite | Floor Number(s) | Onsite Contact Name | Onsite Contact Phone | OFR Location Servicing (-- Select --) | If Other, specify

Building / Property Manager (if known) | Property Manager Phone / Email | Building Type (office, medical, school, etc.)

4. SITE CONDITIONS

Elevator available? ☐ Yes ☐ No | Loading dock? ☐ Yes ☐ No | Union / prevailing wage? ☐ Yes ☐ No

Building COI required? ☐ Yes ☐ No | After-hours / weekend work? ☐ Yes ☐ No | Elevator reservation required? ☐ Yes ☐ No

Stairs - # of flights | Dock Hours / Delivery Restrictions (7am-3pm, freight elevator size, booking) | After-hours / weekend: required times | COI holder / additional insured requirements

Parking / Access Notes (truck parking, distance from dock to install area, security / badging, building rules)

5. SCOPE OF WORK (CHECK ALL THAT APPLY)

☐ Receive & Warehouse ☐ Deliver ☐ Install ☐ Reconfigure

☐ Decommission / Removal ☐ Move Existing Furniture ☐ Disposal / Recycling ☐ Punch Work

Other Scope / Scope Description

6. PRODUCT INFORMATION

Manufacturer(s) / Product Line(s) | New, Existing, or Both?

Approximate Quantities

Workstations | Private Offices | Desks / Surfaces | Seating | Tables | Storage/Filing | Pedestals | Monitor Arms | Booths / Pods | Other

Other items / description

Included Items / Responsibilities

Monitor arms in install? ☐ Yes ☐ No | Pedestals in install? ☐ Yes ☐ No | Power / electrical by others? ☐ Yes ☐ No

Data / cabling by others? ☐ Yes ☐ No | Wall-mounted items? ☐ Yes ☐ No | Requires assembly from carton? ☐ Yes ☐ No

7. SHIPPING / DELIVERY

Expected Ship Date | # of Shipments | Approx. Pallets / Cartons | Carrier / Ship-From (if known) | Delivery Notes (liftgate needed, delivery window, etc.)

Half truck or larger? ☐ Yes ☐ No | Dock appointment made? ☐ Yes ☐ No *Half truck or larger requires a scheduled dock appointment.*

8. SCHEDULE

Requested Start Date | Completion Deadline | Hours / Days Available for Work (if limited) | Phased? ☐ Yes ☐ No | If phased, # of phases / timing

9. ATTACHMENTS CHECKLIST (PLEASE INCLUDE WITH YOUR EMAIL)

☐ Floor plans / install drawings ☐ Product specs / order acknowledgement ☐ Photos of site ☐ Other:

10. NOTES / SPECIAL INSTRUCTIONS

Anything else we should know (access challenges, sensitive areas, special handling, competitive bid info)

Return completed form to OFR by email: Quotes@OFRInstalls.com

Attach floor plans, product specs / order acknowledgement, and site photos. Questions? Call 208.888.5739.

For revisions to an existing quote, reference the OFR quote number:

OFR Office Use: Quote #_____ Received ___/___/____ Estimator _____