

SCHEDULE A

STATE OF IDAHO
DEPARTMENT OF LANDS
REQUEST FOR QUOTE
THIS IS NOT AN ORDER

Requisition Number: 26-8300

Date: _____

INSTRUCTIONS:

Responders must use this form in submitting prices.

Delivery: Idaho Department of Lands
St Joe Supervisory Area Office
1806 Main Ave
St. Maries, ID 83861

QUAN.	UNIT	ARTICLES	PRICE						
1	Each	<u>Front Lot per Scope of Work paragraph A</u>	\$ _____						
1	Each	<u>Bottom Lot per Scope of Work paragraph B</u>	\$ _____						
1	Each	<u>Vehicle Compound Lot per Scope of Work paragraph C</u>	\$ _____						
TOTAL PRICE			\$ _____						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width:50%;">Action</th> <th style="width:50%;">Due Date</th> </tr> </thead> <tbody> <tr> <td><i>Site Vist:</i></td> <td><i>10:00:00 A.M. P.T. , 10/22/2025</i></td> </tr> <tr> <td><i>Request for Quote Responses Due Before:</i></td> <td><i>3:00:00 P.M. P.T. , 11/5/2025</i></td> </tr> </tbody> </table>				Action	Due Date	<i>Site Vist:</i>	<i>10:00:00 A.M. P.T. , 10/22/2025</i>	<i>Request for Quote Responses Due Before:</i>	<i>3:00:00 P.M. P.T. , 11/5/2025</i>
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Delivery requested <u>per</u> <u>specifications</u> <u>EMAIL QUOTE TO:</u> mrsande@idl.idaho.gov		We have stated hereon the prices at which <u>we will furnish and at destination named above</u>, the articles or services as specified. Delivery will be made as specified above. Firm _____ Street _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ E-Mail _____ Taxpayer ID# _____ Signed by _____ Printed Name _____ Title _____							