**RICHLAND ONE**

OFFICE OF INSTRUCTIONAL SERVICES

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Walter Clark, Coordinator

Dr. Kuterah Singletary, Coordinator

# Cover Sheet for Quotes:

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| Name of Contact Person: |
| Today’s Date: | Date of Event:  |
| Activity Name (Title II Plan): |
| Vendor’s Name: |
| Activity Balance:  | The amount to be charged for this event:  |
| Comments:  |
| Signature of Dr. Singletary:  |  |
| Signature of Contact Person:  |  |
| Is food being provided by and pre-approved by OIS? | Yes or No\*\*\*If yes, please include the meal justification form with this quote. \*\*\* |
| Who is the vendor for food? |  |
| Is this being submitted 30 days prior to the event? | Yes or No |