**RICHLAND ONE**

OFFICE OF INSTRUCTIONAL SERVICES

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Walter Clark, Coordinator

Dr. Kuterah Singletary, Coordinator

# Cover Sheet for Quotes:

|  |  |
| --- | --- |
| 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 |