

EXHIBIT C

**COUNTY OF MONTEREY,
CONTRACTS/PURCHASING DIVISION**



1488 Schilling Place, Salinas CA 93901
Phone (831) 755-4990

PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date:	Sales Rep Name:
Company Name:	Sales Rep Phone:
Company Address:	Sales Rep Signature:

The following equipment shall be provided on a: 36-month term 24-month term 12-month term
***NETWORKED**: Yes No

Copier Model:		\$ /month	<p><u>Note</u>: Do not list standard features as Add-ons.</p> <p><u>Security Note</u>: The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.</p>
Finisher Model:		\$ /month	
Add-on:		\$ /month	
Add-on:		\$ /month	
Add-on:		\$ /month	
Add-on:		\$ /month	
Add-on:		\$ /month	
Add-on:		\$ /month	
Security Add-on:		\$ /month	
Security Add-on:		\$ /month	
Other:		\$ /month	
Total Monthly Rental:		\$ ____/month	

Monthly Copies Included (if any): \$ ____ @ ____ /month(B/W) \$ ____ @ ____ /month(color)
Cost-Per-Copy: overage (if any): \$ ____ (B/W) \$ ____ (color)

- All maintenance and repair costs shall be included in pricing above, including drums & rollers
- All delivery, installation, and machine pick-up shall be included in pricing above
- Toner included as needed (no limitations) Staples included as needed (no limitations)

Ship To: _____ **Bill To:** _____

Vendor Contact (name & phone): _____ Billing Contact (name & phone): _____
Requested Delivery Date: _____

*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED.

ITD Security Review Approved by: _____ Date: _____