

VENDOR CONTACT WORKSHEET

FACILITIES/CATERERS

Business Name: _____ Contact Name _____
Phone: _____ Fax: _____ Email: _____
Available for my date?: Yes/No % Deposit Required: _____ Date Deposit Required: _____
Requested Quote?: Yes/No Date: _____ Received Quote?: Yes/No
Quote Price: _____

Business Name: _____ Contact Name _____
Phone: _____ Fax: _____ Email: _____
Available for my date?: Yes/No % Deposit Required: _____ Date Deposit Required: _____
Requested Quote?: Yes/No Date: _____ Received Quote?: Yes/No
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Form Provided by:  **Guam Diner**

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VENDOR CONTACT WORKSHEET

OTHERS

Business Name: _____ **Contact Name** _____

Service Provided: _____
(e.g. Florist, DJ, Bakery, etc.)

Phone: _____ **Fax:** _____ **Email:** _____

Available for my date?: Yes/No **% Deposit Required:** _____ **Date Deposit Required:** _____

Requested Quote?: Yes/No **Date:** _____ **Received Quote?:** Yes/No

Quoted Price: _____ **Delivery Included?:** Yes/No

Business Name: _____ **Contact Name** _____

Service Provided: _____
(e.g. Florist, DJ, Bakery, etc.)

Phone: _____ **Fax:** _____ **Email:** _____

Available for my date?: Yes/No **% Deposit Required:** _____ **Date Deposit Required:** _____

Requested Quote?: Yes/No **Date:** _____ **Received Quote?:** Yes/No

Quoted Price: _____ **Delivery Included?:** Yes/No

Business Name: _____ **Contact Name** _____

Service Provided: _____
(e.g. Florist, DJ, Bakery, etc.)

Phone: _____ **Fax:** _____ **Email:** _____

Available for my date?: Yes/No **% Deposit Required:** _____ **Date Deposit Required:** _____

Requested Quote?: Yes/No **Date:** _____ **Received Quote?:** Yes/No

Quoted Price: _____ **Delivery Included?:** Yes/No

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