

## RFQ SUBMITTAL [From )

RFQ Submit to IMSS Date:	; Staff: Client require	ed quote date:	
Est. M.R. Delivery date:	: Est. Production I	: Est. Production Delivery date:	
Hotel and Ownership: Hotel New	Building: Yes/No Remodel: Yes/N	No	
Hotel Name:	Target Open Date:		
Hotel Address: City:			
Ship to Address:			
Purchasing Firm (if you have at the			
P.A. Firm:			
Project Manager:		hone:	
Email:			
Design Firm (if you have at this ti			
Design Firm:			
Designer:		hone:	
Email:			
		es / Others:	
Project Information:			
Room QTY:	# of Pieces:		
		Quote sent date:	
	Others:		
Brand Review Date:	Projected Hotel Open Da	ate:	
Case goods Delivery Date:			
Freight:			
Freight Quote Ocean:	Airfreight:		
Designated Freight Forwarder If Any	r:		
Delivery Address or Zip Code			
Shop Drawings:			
Shop Drawings Requested Date:	Rec'd Fro	Rec'd From Factory Date:	
IMSS Sent to Client date:	Rec'd From Clie	Rec'd From Client Date:	
Revised Sent Date:	Approved Date	Approved Date:	
Model Room:			
Model Room Due Date:	Responsible Party:		
Finish Samples:			
Requested From Client Date:	Received From (	Client Date:	
		IMSS Equivalents Sent To Client Date:	
Approved Date:			
Fabric:			
	ed: Order Date:	Rec'd Date:	
COMMENTS: (Use 2 <sup>nd</sup> sheet if necessary):			