



deborah.romero1@doit.nm.gov

Upon completion, please submit to EnterpriseSupportDesk@doit.nm.gov

DATE:

Requester Information

Agency Requester Name/Title:

Agency Business Unit:

Address:

Email:

Phone (Office or Cell):

Quote

Listed below is a quote for services your agency has requested from the Department of Information Technology (DoIT):

Agency Bill Code	Enterprise Service Description (DoIT Service Catalog & Rates)	Qty.	*Unit Price/Rate	Monthly Charge	Annual Charge

The DoIT Rate Committee approves service rates annually and are subject to change.

TOTAL COST	Monthly	Annually

ACKNOWLEDGEMENT OF QUOTE: The _____ (Agency) accepts this quote and by signing below authorizes the DoIT to proceed with service implementation and continued monthly services.

Agency Authorization:

Required signature by ASD Director/CFO

Print Name:

Date: