

**Division of Alcoholism, Drug Abuse and Addiction Services**  
**REQUEST FOR SERVICES, SUPPLIES OR EQUIPMENT**

*Submit a separate form for each of the following: Services, Supplies, Equipment, Each Vendor.  
 For Unit, Description and Unit Price columns below, enter the information EXACTLY as shown in  
 vendor catalog, letter, etc., or as received by telephone.*

Requesting Program <b>Research, Policy Developemnt, Evaluation, Information Systems &amp; Technology</b>					Date of Request <b>3/15/2013</b>		
Requested By <b>Suzanne Borys</b>					Date Required <b>3/20/2013</b>		
Type of Request <input checked="" type="checkbox"/> One Time Only <input type="checkbox"/> Repeat <input type="checkbox"/> Blanket							
Page No.	Item Letter (A,B,C)	Item No.	Qty.	Unit (Ea., Box)	Description	Unit Price	Total Price
					Impact of Superstorm Sandy Survey Scantron Form composition, printing & digital setup 13,815 surveys	\$	\$ 4206.99
						\$	\$
						\$	\$
						\$	\$
						\$	\$
TOTAL PRICE FOR ALL ITEMS							\$
Services Desired (Lab, etc.) <b>"Impact of Superstorm Sandy Survey" Scantron Form composition, printing &amp; digital setup on SCANTRON form for Optical Mark Reading on DMHAS's OMR scanner</b>							
<input checked="" type="checkbox"/> Sole Source <input type="checkbox"/> Prepayment <input type="checkbox"/> 3 Quotes Attached					Contract Number		
Name of Vendor <b>Scantron</b>					Tax Identification Number		
Name of Vendor Contact <b>Diane Funk</b>					Telephone Number <b>800-735-2566 x1556</b>		
Signature of Program Manager <i>Suzanne Borys</i>					Approval Date <i>3/15/13</i>		
<b>FOR ADMINISTRATIVE SERVICES USE ONLY</b>							
Signature of Approval Officer					Approval Date		
Account Number							
Comments							