ATTACHMENT C

AUDIO VISUAL TERM CONTRACT QUARTERLY REPORT

STATE CONTRACT NUMBER: SP-19-0048

CONTRACTOR NAME:_____

OUTLINE AGREEMENT NUMBER: _____

QUARTER NUMBER:_____ **DATE REPORT SUBMITTED:**_____ **REPORT SUBMITTED BY:**_____

AGENCY PURCHASE ORDER NUMBER	STATE AGENCY OR POLICTICAL SUBDIVISION NAME	TYPE OF AV EQUIPMENT SUPPLIED BY CONTRACTOR DURING THE QUARTER	BRAND NAME OF AV EQUIPMENT	MODEL NUMBER OF AV EQUIPMENT	MSRP PRICE OF EQUIPMENT	CONTRACT PRICE OF EQUIPMENT	QUANTITY OF EQUIPMENT	TOTAL PRICE OF EQUIPMENT

TOTAL NUMBER OF SOWS RESPONDED TO DURING QUARTER	TOTAL NUMBER OF SERVICE CALLS DURING QUARTER	TOTAL NUMBER OF WARRANTY REPAIRS DURING QUARTER

TOTAL DOLLARS SPENT FOR EQUIPMENT OR SERVICES

When completed email to: chris.reynolds@dfa.arkansas.gov