ATTACHMENT D

AUDIO VISUAL FIRM CONTRACT REPORT

STATE CONTRACT NUMBER: SP-19-0048

CONTRACTOR NAME:_____

PURCHASE ORDER NUMBER: _____

DATE REPORT SUBMITTED:_____ **REPORT SUBMITTED BY:**_____

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 DOLLARS SPENT ON EQUIPMENT OR SERVICE

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