



Price Quotation

Quote: 4120033
Reference: 706409
Date: 08/01/2011
Expires: 12/31/2011

To: Mr. Chris Jackson
City of Columbus
109 N Front St
Room 300
Columbus, OH 43215

From: Michael Palatiello
DLT Solutions
13861 Sunrise Valley Drive
Suite 400
Herndon, VA 20171

Phone: (614) 645-2499
Fax: (614) 645-7549
Email: cljackson@columbus.gov

Phone: (703) 708-9688
Fax: (866) 708-6705
Email: michael.palatiello@dlt.com

#	DLT Part No.	Contract	Qty	Unit Price	Ext. Price
1	9701-0160NR1	OH	2	\$247.01	\$494.02
	AutoCAD Raster Design 2012 Subscription Renewal - 1 Year Contract #: 110000252773 End Date: 1/3/2012 PoP: 1/4/2012 through 1/3/2013				
2	9701-0222NR1	OH	2	\$612.77	\$1,225.54
	AutoCAD Map 3D 2012 Subscription Renewal - 1 Year Contract #: 110000252773 End Date: 1/3/2012 PoP: 1/4/2012 through 1/3/2013				
3	9701-0433NR1	OH	14	\$945.29	\$13,234.06
	AutoCAD Civil 3D 2012 Subscription Renewal - 1 Year Contract #: 110000252773 End Date: 1/3/2012 PoP: 1/4/2012 through 1/3/2013				

Total: **\$14,953.62**

Mandatory reactivation fees will apply if not renewed by the expiration date of Subscription contract

Want to save 5 to 10% on your subscription contract? Ask your rep how.

Ohio contract #: 534042
Expires: 4/1/2012
Federal Tax ID#: 54-1599882
DUNS Number: 78-646-8199
Payment Terms: Net 30
FOB: Destination
DLT accepts VISA/MC/AMEX

**PLEASE REMIT
PAYMENT TO:**

ACH: DLT Solutions
SunTrust Bank
ABA # 061000104
Acct # 1000032705898

-OR-

Mail: DLT Solutions
PO Box 102549
Atlanta, GA 30368



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Customer orders subject to applicable sales tax in: CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, NC, NM, NJ, NV, NY, OH, OK, PA, RI, SC, TN, TX, VA, WA, WI

The terms and conditions of the Manufacturer's standard commercial license and subscription agreement are made a part of this quotation and shall govern purchaser's use of any Manufacturer product. Contact the DLT Sales Rep if further information is required.

Documentation to be submitted to validate Invoice for payment:

- a. Authorized Services shall be invoiced with a corresponding time report for the period of performance identifying names, days, and hours worked.
- b. Authorized reimbursable expenses shall be invoiced with a detailed expense report, documented by copies of supporting receipts.
- c. Authorized Education or Training shall be invoiced with a Report identifying date and name of class completed, and where applicable the name of attendees.