

# Appendix E – Contractor Bid Template

**CONTRACTOR NAME:**

[Street Address]  
[City, ST, Zip Code]  
[Phone]  
[Email]

**BID INFO:**

[Bid #]  
[Bid Date]

**INVOICE TO:**

[Customer Name]  
[Street Address]  
[City, ST, Zip Code]  
[Phone]

**INSTALL SITE:**

[Street Address]  
[City, ST, Zip Code]

ORDER #	MODEL	PRODUCT DESCRIPTION	UNIT PRICE	VENDOR INCENTIVE	SCP INCENTIVE	BAYREN REBATE	CARE/FERA INCENTIVE	INSTALLATION/ LABOR	LINE TOTAL
Order #	Text	Product Description	\$Amount	\$Amount	\$Amount	\$Amount	\$Amount	\$Amount	\$Amount
Order #	Text	Product Description	\$Amount	\$Amount	\$Amount	\$Amount	\$Amount	\$Amount	\$Amount

ORDER #: \_\_\_\_\_ ANCILLARY MATERIAL

ANCILLARY MATERIAL	QUANTITY	EXPENSE DESCRIPTION	UNIT PRICE	LINE TOTAL
Product	Number	Product Description	\$Amount	\$Amount
Product	Number	Product Description	\$Amount	\$Amount

ORDER #: \_\_\_\_\_ ANCILLARY MATERIAL

ANCILLARY MATERIAL	QUANTITY	EXPENSE DESCRIPTION	UNIT PRICE	LINE TOTAL
Product	Number	Product Description	\$Amount	\$Amount
Product	Number	Product Description	\$Amount	\$Amount

This bid is based on orders and associated products listed above, including labor itemized for installation of each product and estimates of ancillary materials. All listed information must be completed by the contractor for this bid to be valid. By signing and dating below, the receiving customer listed above accepts this bid:

Customer Signature:	Date:
---------------------	-------

Total Incentives	
Subtotal	
Sales Tax	
<b>Total Due</b>	