

Tasking Authorisation Form (TAF) - REQUEST FOR QUOTATION

Part 1 - REQUEST FOR QUOTATION *(To be completed by the Authority)*

To:		From: Defence Equipment Support LE STSP SEEC Rowan 2C, #8207, MOD Abbey Wood Bristol, BS34 8JH	
No		TAF No	XXX <i>[to be inserted prior to issue]</i>
The Contractor is required to submit a Firm Price quotation, exclusive of VAT, for the work specified below. Work shall <u>not</u> commence until authorised by the Authority Project Manager, Commercial Manager and Finance Manager.			
Task Description			
Task Security Classification			
Authorisation			
Name: Post: Authority Project Manager		Signed: Date:	
Name: Post: Authority Commercial Manager		Signed: Date:	

PART 2 - CONTRACTOR'S *FIRM PRICE QUOTATION FOR TASK *(To be completed by the Contractor)*

To: Defence Equipment Support LE STSP SEEC Rowan 2C, #8207, MOD Abbey Wood Bristol, BS34 8JH	From: [SUPPLIER ADDRESS DETAILS]		
Attach full price breakdown to this TAF for consideration, prices are to be based on the rates at Annex E to the Contract. Quotation to be exclusive of VAT. Quotation to include: <ul style="list-style-type: none">a. Labour Hours (identifying all grades and total number of hours for each)b. Prime Material Costs (a full breakdown of Materials and Bought-Out costs to be submitted attached)c. Travel and Subsistence costsd. Subcontract costs, including copies of quotationse. Profit Rate applied (applied on materials only)f. Date for completion of the task			
Firm Price Quotation for this task as per attached price breakdown is	<table border="1"><tr><td>Total (ex VAT)</td><td>£</td></tr></table>	Total (ex VAT)	£
Total (ex VAT)	£		
The quotation for the work as described above is submitted to the Authority Project Manager, or their nominated representative, for consideration.			
Authorisation			
Name: Post:	Signed: Date:		

Part 3 – AUTHORITY ACCEPTANCE. *(To be completed by the Authority)*

To: [SUPPLIER ADDRESS DETAILS]	From: Defence Equipment Support LE STSP SEEC Rowan 2C, #8207, MOD Abbey Wood Bristol, BS34 8JH
Authority Acceptance	
Authorisation	
Name: Post: Authority Project Manager	Signed: Date:
Name: Post: Authority Commercial Manager	Signed: Date:

Part 4 – ASSESSMENT RESULTS (*To be completed by the Authority*)

To:	[SUPPLIER ADDRESS DETAILS]	From:	Defence Equipment Support LE STSP SEEC Rowan 2C, #8207, MOD Abbey Wood Bristol, BS34 8JH
Full Assessment Results			
<input type="checkbox"/>	The Authority accepts (insert name).		
<input type="checkbox"/>	The Authority rejects (insert name) full details shall be confirmed in writing.		
Claims for Payment			
Authorisation			
Name:		Signed:	
Post: Authority Project Manager		Date:	
Name:		Signed:	
Post: Authority Commercial Manager		Date:	