NVLAP Assessor Quote Form

Date of Quote:	
Company Name:	
Assessor Name:	
Laboratory Name:	
NVLAP Lab Code:	

	Quantity (hours or miles)	Amount ($)
1. On-Site Assessment (hours)		
Preparation/document review		
Travel		
On-site visit		
Post-assessment review of nonconformity responses		
Subtotal (# hrs. X $86.50/hr.)		
2. Travel Expenses		
Destination:		
Airfare		
Car Rental		
Taxi/Limo		
Parking/Tolls		
Mileage (# miles X $0.575/mi.) *		
Subtotal		
3. Per Diem Expenses *		
Lodging		
Meals and Incidentals		
Subtotal		
4. Miscellaneous Expenses		
Phone, Internet, Postage		
Other:		
Subtotal		
TOTAL AMOUNT OF QUOTE *		

APPROVAL (for NVLAP use only)
Name of Program Manager: _____
Program Manager Phone Number: _____
Date Approved: _____

* Visit <http://www.gsa.gov> for current lodging, per diem, and POV mileage reimbursement rates.
** Acceptance of this quote is not an authorization to perform work.