

FEDERAL LEASE TRANSACTION SUMMARY

Please complete as much information as possible and fax to: 612-395-5235



Agency/Lessee: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Federal Tax ID #: _____

Contact for billing: _____ Phone: _____

Email: _____

Total Cost of Equipment including Shipping & Installation: \$ _____

Requested Term: 24 months 36 months 48 months 60 months

Payment Mode: Monthly Quarterly Semi-Annually Annually Advance Arrears

Anticipated Delivery Date: _____

Equipment Description: _____

The appropriations for this project have been Submitted Approved *for the current year.*

Contractor/Vendor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please attach a detailed equipment description and quote.