

Southern Alleghenies EMS Council, Inc.
 Patient Care Reporting
 Quotation Form

SERVICE NAME:	
VENDOR NAME:	
EPCR SYSTEM:	
PCR SYSTEM VERSION:	

PRICING:	# UNITS	UNIT PRICE	TOTAL ITEM PRICE	NOTES
SINGLE COMPUTER: (DESKTOP/LAPTOP/TABLET PC)				
NETWORK: (MULTIPLE LINKED COMPUTERS)				
MOBILE SYSTEM: (PDA ETC.)				
INTERNET BASED: (PER PCR/BASE RATE)				
REPORTING SYSTEM:				
BILLING EXPORT:				
SET-UP FEE:				
OTHER 1:				
OTHER 2:				
OTHER 3:				
OTHER 4:				
OTHER 5:				

Total Quote:	
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