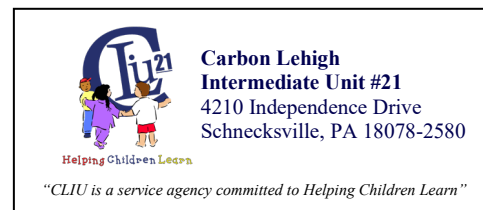


FORM A

DOCUMENT IMAGING SERVICES

Carbon Lehigh Intermediate Unit #21
Management Information Services – Document Imaging



Please complete Client A section **ONLY** to obtain an estimated cost of project.

Instructions: Download form, complete, and click on "Submit Form" OR print and fax to Nathaniel Zink at 610-769-1290.

NOTE: Box weight limit is 50 lbs.

Client Name/Address		Date	Phone #
Title/Position	Location/Room #		School Code
Name of Project	Total # of Boxes	Approx # of Folders per Box	Approx. # of Pages per Folder

Please check below to verify:

- ☐ Client understands it is responsible for the integrity of all documentation. CLIU #21 is not responsible for contents. _____ Initial
- ☐ Client is required to verify completed project database documentation within one month upon receipt. _____ Initial

Prep Work Completed by Client

- ☐ All staples will be removed. ☐ Paper edges will be flattened.
- ☐ All paper clips will be removed. ☐ Ripped papers will be taped.
- ☐ All duplications will be removed.
- ☐ All folders will be counted and verified with above #.
- ☐ I understand **A detailed list must be included in each box.**

Client is requesting CLIU Document Imaging Department to process, at an additional cost:

- ☐ Prep work (staples, paper clips, edges, rips, duplications)
- ☐ Scan small notes with work.
- ☐ Copy any information on outside folder.
- ☐ Other: _____

Delivery/Pickup ☐ Yes, at an additional cost ☐ No

Location for Deliveries:

Budget Code (Required): _____

I would like my documentation:

- ☐ Shredded ☐ Originals returned to above location
- ☐ 30-day storage

Special Requests:

I am requesting the CLIU Document Imaging Department to do the following:

Indexed by (up to 2 fields at no cost):

- ☐ Name ☐ Date of Withdrawal File
- ☐ Date of Birth ☐ Closing Date
- ☐ Date of Graduation ☐ Social Security Number (where applicable)
- ☐ Other: _____

For additional fields, a \$.03 line charge will be added to cost per line/per record

☐ Additional fields: _____

Batch # _____

Do Not Write Below – For CLIU #21 Staff Only

- ☐ Prep Work - \$19.00/hr x _____ = _____
- ☐ Scanning/Indexing - \$.13/image x _____ (images) = _____
- ☐ Copy Charge - \$.029/image x _____ (images) = _____
- ☐ Data Storage - \$62.00 per 15,000 images x _____ (quantity) = _____
- ☐ Data Retention (Non-Perpetual) - \$62.00 x _____ (quantity) = _____
- ☐ Discretionary Prep Work - \$19.00/hr x _____ (hours) = _____
- ☐ Additional Index Charge: \$.03/per line/per folder x _____ (folders) = _____

- ☐ IU Transport – Pickup (Travel Zone ____)/Delivery (Travel Zone ____)
- Total Travel = _____
- ☐ Disposal/Shredding - \$12.00/hr x _____ (hours) = _____
- ☐ 30-day storage for Disp/Shred - \$3.00/box x _____ (quantity) = _____
- ☐ Outsource CDEExpress DB Addition x _____ (quantity) = _____
- ☐ Outsource CDEExpress CD Burn x _____ (quantity) = _____

ESTIMATED COST OF PROJECT \$ _____

Date Estimate Sent to Client _____



The estimated cost listed above is good for 30 days, after 30 days it will be void. I agree to the above noted and understand the cost of the project is an estimate until the final bill is sent to client.

Please sign and return to Nathaniel Zink, CLIU #21, Document Imaging, 4210 Independence Drive, Schnecksville, PA 18078, email: zinkn@cliu.org, or fax: 610-769-1290 within ten days (10) of receipt. Thank you.

Signature of Client _____

Date _____

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."