

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 David Russell at 610-769-1290.

NOTE: Box weight limit is 50 lbs.

CLIENT A

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

- | | |
|---|---|
| <p><input type="checkbox"/> Prep Work - \$19.00/hr x _____ = _____</p> <p><input type="checkbox"/> Scanning/Indexing - \$.13/image x _____ (images) = _____</p> <p><input type="checkbox"/> Copy Charge - \$.029/image x _____ (images) = _____</p> <p><input type="checkbox"/> Data Storage - \$62.00 per 15,000 images x _____ (quantity) = _____</p> <p><input type="checkbox"/> Data Retention (Non-Perpetual) - \$62.00 x _____ (quantity) = _____</p> <p><input type="checkbox"/> Discretionary Prep Work - \$19.00/hr x _____ (hours) = _____</p> <p><input type="checkbox"/> Additional Index Charge: \$.03/per line/per folder x _____ (folders) = _____</p> | <p><input type="checkbox"/> IU Transport – Pickup (Travel Zone ____)/Delivery (Travel Zone ____)
Total Travel = _____</p> <p><input type="checkbox"/> Disposal/Shredding - \$12.00/hr x _____ (hours) = _____</p> <p><input type="checkbox"/> 30-day storage for Disp/Shred - \$3.00/box x _____ (quantity) = _____</p> <p><input type="checkbox"/> Outsource CDExpress DB Addition x _____ (quantity) = _____</p> <p><input type="checkbox"/> Outsource CDExpress CD Burn x _____ (quantity) = _____</p> |
|---|---|

ESTIMATED COST OF PROJECT \$ _____

Date Estimate Sent to Client _____

CLIENT B



Carbon Lehigh Intermediate Unit #21
Document Imaging Center

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 David Russell, CLIU #21, Document Imaging, 4210 Independence Drive, Schnecksville, PA 18078, email: russell@d@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."