



WESTERN AUSTRALIA  
Common User Facility

# Enquiry Capture Form/RFQ

(BDU-001)

FM OFFICE USE ONLY	
RFQ Number:	
Received by:	
Date:	

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Project Description

Project Scope of Work at CUF

Project Scope of Work at CUF	
Please provide details of your requirements	
<input type="checkbox"/> Laydown Area _____ M <sup>2</sup>	<input type="checkbox"/> Buildings required
<input type="checkbox"/> Floating Dock _____ Days	<input type="checkbox"/> SPMT
<input type="checkbox"/> Wharf _____ Days	<input type="checkbox"/> Services
<input type="checkbox"/> Other	

Other Comments