

Audit Quotation Request Form

Technical Contact

Bid Requested By: _____

Phone Number: _____

Fax Number: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Utility

Utility Name: _____

Station Name: _____

Unit Number: _____

Station Address 1: _____

Station Address 2: _____

Station City, State, Zip: _____

Closest Major Airport: _____

Distance: _____

Unit Information

Unit Number: _____

Unit Size MW: _____

Unit Inlet Pressure: _____

Turbine Manufacturer: _____

Vintage (approx year of mfg): _____

Casing Information

HP (stages – flows): _____

IP (stages – flows): _____

LP (stages – flows): _____

Outage Information

Outage Start Date: _____

Audit Start Date: _____