**Department of Administrative Services Logo
State of Iowa**

**Moving Company Bid Sheet**

|  |  |  |
| --- | --- | --- |
| **Date:** |  | |
|  |  | |
| **Agency Name:** | | |
|  | | |
| **State Employee’s Name:** | | |
|  | |  |

|  |  |
| --- | --- |
| **Relocate From:** |  |
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|  |  |

|  |  |
| --- | --- |
| **Relocate To:** |  |
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|  |  |
|  |  |

|  |  |
| --- | --- |
| **Line Haul (Transportation) Cost Bid:** |  |
| **Packing Cost Bid:** |  |
| **Miscellaneous Cost Bid:** |  |
|  |  |
| **TOTAL COST BID:** |  |

|  |  |
| --- | --- |
| **Date Relocation Is To Be Completed By:** |  |
|  |  |

|  |  |
| --- | --- |
| **Name of Carrier:** |  |
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| --- | --- |
| **Address of Carrier:** |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Signature of Carrier:** |  |

|  |  |
| --- | --- |
| **Signature of State Employee:** |  |

**Notice to Carrier:**

This is a binding bid. The State of Iowa will pay the total amount of the bid only. If the State employee is required to pay the carrier direct, the amount shall not exceed this binding bid.