

NVLAP Assessor Quote Form

Date:		
Assessor Name:		
Laboratory Name:		
NVLAP Lab Code:		
	Quantity (hours or miles)	Amount (\$)
1. On-Site Assessment (hours)		
Preparation/document review		
Travel		
On-site visit		
Post-assessment review of nonconformity responses		
Subtotal (# hrs. X \$75.00/hr.)		
2. Travel Expenses		
Airfare		
Car Rental		
Taxi/Limo		
Parking/Tolls		
Mileage (# miles X \$0.55/mi.) *		
Subtotal		
3. Per Diem Expenses *		
Lodging		
Meals and Incidentals		
Subtotal		
4. Miscellaneous Expenses		
Phone, Internet, Postage		
Other:		
Subtotal		
TOTAL AMOUNT OF QUOTE		
* Visit < http://www.gsa.gov > for current lodging, per diem, and mileage rates.		