

AMVETS DEPARTMENT OF OHIO
960 Checkrein Ave.
Columbus, Ohio 43229

OFFICIAL PROGRAM BID FORM

PROGRAM INFORMATION

Please indicate which program the bid is being submitted for

Proposed date of the bid program

Location of program (city)

CONTACT PERSON:

Name

()
Phone

Address

City

State

Zip

HOTEL INFORMATION:

Please list the hotel(s), phone numbers, and room rates negotiated for this Program:

HOTEL	ROOM RATE	PHONE NUMBER
	\$	()
	\$	()
	\$	()

POST INFORMATION

Name of Post submitting bid

Post #

Address

City

State

Zip

POST COMMANDER:

Name

()
Phone

Please indicate the date of the Post Meeting in which this bid was approved

Signature of Post Adjutant

Date

OFFICE USE ONLY

BID ACTION: Approved Rejected Returned Other

Comments: _____