



2012 Spring Into Fitness Specification Sheet

Employee Information
Employee Name: _____ Date: _____
Employee Number: _____ Check One: _____ City of Gainesville _____ GRU
Department: _____ Hire Date: _____
Month/Year
Work Address: _____ Work Phone: _____
Home Address: _____ Home Phone: _____

City/ State Zip Code

Vendor Information
Vendor Name: _____
Vendor Address: _____
City/State Zip Code
Phone: _____ Fax: _____
Salesperson: _____ Federal ID# _____

Equipment/ Membership Description	Unit Price	Quantity	Price

Please return specification sheet to:
Kathryn A. Parker R.D., L.D.
P.O. Box 490, Station 60
Gainesville, FL 32602
Phone (352) 393-8893
Fax (352) 334-3102
-By March 31, 2012

Subtotal: _____
Tax: _____
Total: _____