STEP 1: REQUEST TO CONTRACTOR – CUARGS2014

**TO:** Alinta Sales Pty Ltd / Electricity Generation & Retail Corp (T/A Synergy) / Perth Energy Pty Ltd / Kleenheat Gas

(Check the appropriate boxes  and complete the information for each section below)

**Request for Quote:** This is in accordance with Schedule 6 ‘Buying Rules’ of CUARGS2014. Consent is given to the Contractor to lodge a request for and receive the historic consumption data and be provided details of any particular interval metering equipment requirements for the sites below. This may involve information relating to gas supply, including delivery point and consumption information. The Contractor shall provide complete price details for the Services requested below. Contractor to forward this form with quoted prices electronically to the Customer.

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| **RFQ Number:** | Enter RFQ number where applicable. | **Date:** 01-Aug-24 |

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| **Customer Contract Term** | Two Years | \_\_\_\_\_\_\_\_\_\_ Years | **Commencement date:**  1-Aug- 24 | **End date:**  31-Jul- 24 |
| Extension Options | One (1) year extension option | |  |  |
| **Contract Rates / Price $** | Please quote: | | | |
| Attachments (to this Form) | YES  NO | Details of attachments, if any:  Example: Health and Safety and Security requirements for entry to Customer Site  Example: Purchase Order Form | | |

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| **Reticulated Gas Supply Requirements**   * Less than 1 TJ per annum small-use sites to use Bundled Pricing. * From 1 TJ and up to 5 TJ per annum large-use sites can use either Bundled or Unbundled Pricing as requested by the Customer. * Above 5 TJ per annum large-use sites to use Unbundled Pricing. |

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| **Site name, address, MIRN, meter no, estimated usage per annum, pricing type required and comments**   1. Quotations are required for the sites below. 2. Estimated annual usage and pricing type is provided in the table below. Respondents shall verify correctness of all MIRN information and accuracy of annual usage consumption estimates when providing the quotes and clarify with the Customer if required.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Site Name** | **Site Address** | **MIRN** | **Meter No.** | **Estimated Gas Usage per annum (GJ)** | **Pricing** | **Comments** | | West Perth Office | 33 Castle St, Willetton, WA 6155 | 5600600753 | M18AL0031 | 120 GJ |  |  | | North Office | 2 Beach Road, Perth, WA 6061 | 5600404960 | M65AL056 | 800 GJ |  |  | | Head Office | 2 Kings Street, Perth, WA 6000 | 5600404959 | M65AL055 | 4,000 GJ |  |  | | Hyde Depot | 24 Hutton St., Perth, WA 6000 | 5600405381 | M56AL056 | 12,000 GJ |  |  | |

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| **Site Specific Requirements** [Specify Health and Safety, Transitioning, Timelines, Security Requirements etc, if applicable] |
| (Remove examples below if not required.)  1. Please provide quotes for the site(s) above by 14:00 hours (WST), Day / Month/ 2015 to Joe Bloggs. email:....., tel.....  2. Health and Safety and Security requirements is available at our website at www.xxx.xxx.etc.  3. Include any supplementary requirement if required. |

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| **Other Requirements, Terms and Conditions** [Specify where to return quotes, time, to whom, provisions if any, etc.] |
| 1. All invoices are to be mailed electronically to each respective site. Separate invoices are to be provided for each site.  2. A thirty calendar day payment period is required for invoice payment as per your quote.  3. Individual account invoices are required for each site and to be emailed in PDF format on the day that they are issued, to individual sites. |

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| **Invoicing & Payment** | Customer will pay invoice:  within **30 days**  within 14 **days** |
| (Remove examples below if not required.)  All invoices are to be mailed electronically to No 11, Street Name, Perth, WA 1234 (Attn: Mr. Joe Bloggs, email: joe.bloggs@agency.wa.gov.au).  Separate invoices to be forwarded to the following sites for payment as follows:   |  |  |  |  | | --- | --- | --- | --- | | **Site** | **Name** | **Email** | **Site Phone Number** | | West Perth Office | Alpha Smith | email.Alpha@agency.wa.agov.au | (08) 9431 0300 | | North Office and Head Office | Bravo Smith | email.Bravo@agency.wa.agov.au | (08) 9527 6433 | | Hyde Depot | Charlie Smith | email.Charlie@agency.wa.agov.au | (08) 9250 0200 | | |

**NOTE: The Customer is not required to sign in Step 1 when sending this to the contractor.**

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| **STEP 2: SUPPLIER’S QUOTE** |
| 1  Supplier to insert quoted prices in this section - pricing pro-forma as in Schedule 6, Request CUARGS2014.  2  Price variation will be in accordance with the Head Agreement provisions contracted with the Supplier.  3 Retail Service fee may be used interchangeably with the term ‘Supply Charge’ by some suppliers. |

**SITE NAME XXX– MIRN XXXXXXXXXX**

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| **Component** | **GST Exclusive Rates tendered** | **Price Variation** |
| **Daily Supply Charge** per calendar day per metered site, including supply, account administration and reporting charges etc. | $\_\_\_\_\_\_\_\_  per day per metered site | As per Schedule 1, ‘Price Variation’ clause. |
| **Gas Usage Charge** | Cents / unit:\_\_\_\_ | 1 unit = 1 kWh |

Note: Pro-forma for bundled pricing. Duplicate this table as required.

**SITE NAME XXX** **– MIRN XXXXXXXXXX**

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| **Components** | **GST Exclusive Rates tendered** | **Price Variation and Notes** |
| **Daily Supply Charge** per calendar day per metered site, including supply, account administration and reporting charges etc | $\_\_\_\_\_\_\_\_  per day per metered site | As per Schedule 1, ‘Price Variation’ clause. |
| **Gas Usage Charge** | $\_\_\_\_\_\_\_\_  per GJ | As per Schedule 1, ‘Price Variation’ clause. |
| **Network Charges** | Specify tariff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Specify network tariff applicable. |
| If A1 tariff, provide parameters used for your estimates calculated below. | Maximum hourly quantity (MHQ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interconnection distance (km) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If A1 tariff, provide the additional parameters used for estimating the distribution charges |
| 1. Distribution standing charge | Estimated $\_\_\_\_\_\_ per annum | Pass through at cost. |
| 1. Distribution demand charge | Estimated $\_\_\_\_\_\_ per annum | Pass through at cost (for A1 tariff only). |
| 1. Distribution usage charge | Estimated $\_\_\_\_\_\_ per annum | Pass through at cost. |
| 1. Distribution User Specific Delivery Facilities (USDF) Charge | Estimated $\_\_\_\_\_\_ per annum | Pass through at cost (where applicable). |
| 1. Any other distribution charges |  | Provide details if applicable. These must be passed through at cost. |
| **Excess Usage and Minimum Charge Provisions** | $\_\_\_\_\_\_\_\_ per GJ for excess usage above 10%.  How are excess usage and minimum charges applied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | See requirements in Request Schedule 2, clause 1.2.7(b) ‘Variation to usage’.  Please indicate if excess usage and minimum charge provisions apply for individual sites or combined for all sites. |
| **Maximum Daily Quantity (MDQ)**  (Only for sites > 10 TJ per annum with telemetry meters, if applicable.) | Set at \_\_\_\_\_\_\_\_\_ GJ per day  Deviation or Gas Overrun rate:  $\_\_\_\_\_\_\_\_  per GJ | See requirements in Request Schedule 2, clause 1.2.7(b) ‘Variation to usage’. |

Note: Pro-forma for unbundled pricing. Duplicate this table as required.

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| **Supplier:** NAME OF SUPPLIER | *No signature required when quoting.* |  |
| **Name:** SUPPLIER REPRESENTATIVE NAME |  | **Date:** |
| **E-mail:** EMAIL OF SUPPLIER REPRESENTATIVE | **Fax number:** Facsimile Number | **Phone number:** Telephone Number |

**STEP 3: CONFIRMATION TO EXECUTE CONTRACT BY CUSTOMER AND CONTRACTOR**

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| **Purchase Order** | Enter PO number. |

**CUSTOMER**

**Please only sign below if you wish to execute the contract and accept the prices quoted.**

The Customer accepts the Offer and submits this Order Form in accordance with the Head Agreement of CUARGS2014.

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| **Department:** NAME OF DEPARTMENT |  | **ABN:** 1234567890 |
| **Authorised Purchaser:** PURCHASER NAME | **Signature:** | **Date:** 15-Jul-15 |
| **E-mail:** EMAIL OF AUTHORISED PURCHASER | **Fax number:** Facsimile Number | **Phone number:** Telephone Number |

**CONTRACTOR**

**Please sign below and return a copy to the Customer to establish the Customer Contract.**

**TO:** AUTHORISED PURCHASER **CC:** NAME OF CUSTOMER / DEPARTMENT (if applicable)

Quoted prices as above.  Negotiated prices as above.  Purchase Order received.

Other details attached: SPECIFY DETAILS OF ATTACHMENT AND INFORMATION AS REQUIRED.

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| **Supplier:** NAME OF SUPPLIER |  |  |
| **Name:** SUPPLIER REPRESENTATIVE NAME | **Signature:** | **Date:** |
| **E-mail:** EMAIL OF SUPPLIER REPRESENTATIVE | **Fax number:** Facsimile Number | **Phone number:** Telephone Number |