

ATTACHMENT P. 5

COST SCHEDULE

OF

LEASE PAYMENTS

Company Name: _____



A. CERTIFICATION OF LEASE PAYMENTS

By my signature, I certify that I am authorized to bind this firm/individual to provide the services specified herein, in compliance with the scope of work, and other terms and conditions in this Request for Proposals and make monthly lease payments to VRE as provided in the Schedule of Lease Payments.

Signature _____ **Print** _____

Title _____ **Date** _____

Firm Name _____

Address _____

City, State _____ **Zip Code** _____

Phone Number _____ **Fax Number** _____



B. SCHEDULE OF LEASE PAYMENTS

Use of the South Room at the VRE Quantico Station	MONTHLY PAYMENT TO VRE
1. Base Year	\$ _____
2. Option Year 1	\$ _____
3. Option Year 2	\$ _____
4. Option Year 3	\$ _____
5. Option Year 4	\$ _____
<p style="text-align: center;">TOTAL</p>	<p style="text-align: center;">\$ _____</p>

Company Name: _____

