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ATTACHMENTS

</div>

13-016 Computer Equipment Repair
Attachment A

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DHMH SERVICE CALL SITES

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201 W. Preston Street - Headquarter Units
Baltimore, MD 21201
Unless otherwise indicated:
Phone: 410-767-6834
Contacts: Michael. Karolkowski, Richard Calvarese, Robert Ellis, Chris Kornke, Edward Johnson, Sean Frederick, Fred Noll, Clement Chan, Walter Hollman, Walter Dean, Mark Woodruff, Jody Duncan, Juan O'Neal, Bernard Stokes, Sean Phillips, Lance Shanklin, Lloyd Holmes, Naum Levin, Reenea Logan, Chester Roebuck

900 Baltimore Street - Headquarters Unit
Baltimore, MD 21201

4201 Patterson Avenue - Headquarters Unit
Baltimore, MD 21215

4140 Patterson Avenue - Headquarters Unit
Baltimore, MD 21215

500 N. Calvert Street - Headquarters Unit
Baltimore, MD 21201

RICA-Baltimore - Headquarters Unit
605 S. Chapelgate Lane
Baltimore, MD 21229

300 W. Preston Street - Headquarters Unit
Baltimore, MD 21201

6 St. Paul Street - Headquarters Unit
Baltimore, MD 21201

Spring Grove Hospital Center Site - Headquarters Units & Spring Grove Hospital
55 Wade Avenue
Catonsville, MD 21228

ATTACHMENT B

State Holidays for the Year 2012 - 2013
State Personnel Management System

Columbus Day	Monday	October 14
Election Day	Tueday	November 6
Veteran's Day	Monday	November 12
Service Reduction Day[1]	Wednesday	November 21
Thanksgiving Day	Thursday	November 22
American Indian Heritage Day	Friday	November 23
Service Reduction Day[1]	Monday	December 24
Christmas Day*	Tuesday	December 25
Service Reduction Day[1]	Monday	December 31
New Year's Day	Tuesday	January 1
Birthday of Dr. Martin Luther King, Jr	Monday	January 21
President's Day	Monday	February 18
Service Reduction Day[1]	Friday	May 24
Memorial Day	Monday	May 27
Independence Day	Monday	July 4
Service Reduction Day[1]	Friday	August 30
Labor Day	Monday	September 2

* When a State holiday occurs on a Saturday or Sunday, the holiday is observed on the Friday before or the Monday after the actual holiday, respectively.

[1]The State significantly reduces routine State operations for non-24/7 employees on these specific days preceding the holiday in accordance with Executive Order 01.01.2010.11.

Attachment C

_____

Vendor Electronic Funds Transfer (EFT) Registration Request Form

Date of request _____

Business identification information (Address to be used in case of default to check):

Business name_____

Address line 1_____

Address line 2_____

City _____ State _____

Zip code: ☐ ☐ ☐ ☐ ☐   ☐ ☐ ☐ ☐

Business taxpayer identification number:

    Federal Employer Identification Number: ☐ ☐   ☐ ☐ ☐ ☐ ☐ ☐ ☐

    (or)   Social Security Number: ☐ ☐ ☐   ☐ ☐   ☐ ☐ ☐ ☐

Business contact name, title, and phone number including area code. (And address if different from above).

_____

_____

Financial institution information:

Name and address

_____

_____

Contact name and phone number (include area code)

_____

_____

ABA number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Account number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Account type: Checking ☐   Money Market ☐

A VOIDED CHECK from the bank account must be attached.

Transaction requested:

1. ___ Initiate all disbursements via EFT to the above account.

2. ___ Discontinue disbursements via EFT, effective _____

3. ___ Change the bank account to above information – a copy of the approved
   Registration Form for the previous bank account must be attached.

I am authorized by *_____ (hereinafter Company) to make the representations contained in this paragraph. Company authorizes the Comptroller and the Treasurer of Maryland to register it for electronic funds transfer (EFT) using the information contained in this registration form. Company agrees to receive all funds from the State of Maryland by electronic funds transfer according to the terms of the EFT program. Company agrees to return to the State of Maryland any EFT payment incorrectly disbursed by the State of Maryland to the Company's account. Company agrees to hold harmless the State of Maryland and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

<div align="right">*Name of registering business entity</div>

_____
Signature of company treasurer, controller, or chief financial officer and date

Completed by GAD/STO

Date Received _____

GAD registration information verified _____ Date to STO_____

STO registration information verified _____ Date to GAD_____

R*STARS Vendor No. and Mail Code Assigned:

_____/_____/_____   _____

_____   _____
State Treasurer's Office approval date   General Accounting Division approval date

_____

To Requestor:
Please retain a copy of this form for your records. Please allow approximately 30 days from the date of your request for the Comptroller's and Treasurer's Offices to process your request. Failure to maintain current information with this office could result in errors in payment processing. If you have any questions, please call the EFT registration desk at 410-260-7375.

Please submit form to: EFT Registration, General Accounting Division
Room 205, P.O. Box 746
Annapolis, Maryland 21404-0746

COT/GAD X-10

Attachment D
Monthly Repair Report Template

Customer	Location	Date Opened	Date Closed	MM Magic #	Dept Code	Technician	Description of Fault	Equipment Serial No.	Equipment Model No.	Description of Repair	Total ($) Materials Used	Time Repair Began	Time Repair Ended	Total Labor Hours	Total Labor Cost	Total Cost