

SOLD-TO PARTY 10783179

CITY OF GREENFIELD
ACCOUNTS PAYABLE
10 S STATE ST
GREENFIELD IN 46140-2329

SHIP-TO

CITY OF GREENFIELD
ROB SOUCHON
10 S STATE ST
GREENFIELD IN 46140-2329

Quotation

Quotation Number : [225644351](#)
Document Date : 04-NOV-2022
PO Number : VEEAM-CO-TERM-UNIVERSIAL
PO release: :
Sales Rep : Melanie Fogt
Email : MELANIE.FOGT@INSIGHT.COM
Telephone : +19374159457

We deliver according to the following terms:

Payment Terms : Net 30 days
Ship Via : Electronic Delivery
Terms of Delivery: : FOB DESTINATION
Currency : USD

*****Will co-term all licensing till 11/28/23 and move all to Universal licensing

Material	Material Description	Quantity	Unit Price	Extended Price
VVASVUL0ISU1MR00	Veeam Availability Suite Universal License - Upfront Billing License (renewal) (1 month) + Production Support - 10 instances Coverage Dates: 28-NOV-2022 - 28-NOV-2023 OPEN MARKET Veeam Availability Suite Universal Subscription License. Includes Enterprise Plus Edition features. Subscription Upfront Billing 10 instance pack. & Production (24/7) Support - Renewal Monthly Coterm.** TRUSTED PRODUCT **	6	94.34	566.04
VVASPLS0SSUPMG00	Veeam Availability Suite Universal License - migration subscription license (1 year) + Production Support - 1 license Coverage Dates: 28-NOV-2022 - 28-NOV-2023 OPEN MARKET Product Migration from Veeam Availability Suite Enterprise Plus Socket-Based with Production Support to Veeam Subscription Universal License** TRUSTED PRODUCT **	4	929.73	3,718.92
PVASVUL0ISU1MG00	Veeam Availability Suite Universal License - migration subscription license (1 year) + Production Support - 10 instances Coverage Dates: 28-NOV-2022 - 28-NOV-2023 OPEN MARKET Socket migration to Veeam Availability Suite Subscription Universal License. Includes Enterprise Plus Edition features - 1 year with Production (24/7) Support - Public Sector** TRUSTED PRODUCT **	4	123.74	494.96

Product Subtotal	4,779.92
TAX	0.00
Total	4,779.92

PURCHASE ORDER REQUIREMENTS:

Quote Number:225644351

Purchase Order Number: _____

Authorized by/Title: _____ (please print)

Authorized Signature: _____ Date: _____

Additional signature, where required

Authorized by/Title: _____ (please print)

Authorized Signature: _____ Date: _____

Thank you for choosing Insight. Please contact us with any questions or for additional information about Insight's complete IT solution offering.

Sincerely,

Melanie Fogt
+19374159457
MELANIE.FOGT@INSIGHT.COM

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