

REQUEST FOR QUOTATIONS



DOCUMENTATION FOR QUOTATIONS VERBAL AND/OR WRITTEN

(Please print or type)

VENDOR 1

VENDOR 2

VENDOR 3

Telephone No:					
Vendor Name:					
Certified Minority:	Yes	No	Yes	No	No
Address:					
City/State/Zip:					
Delivery Date:					
Quoted By:					
Shipping/Freight:					

Item	Quantity	Unit	Description	Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price
1									
2									
3									
4									
5									
6									
7									
8									
				Total					
				Award					

Please Check Type, as appropriate:
 Verbal Written

If Total Purchase is not made from one Vendor, circle extended price of items awarded and sum awards at bottom of column.

Single Quote Explanation/Documentation of Single Source:





REQUEST FOR QUOTATIONS



(Please print or type)
VENDOR INFORMATION

Telephone No:	<input type="text"/>
Vendor Name:	<input type="text"/>
Certified Minority:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>
Delivery Date:	<input type="text"/>
Quoted By:	<input type="text"/>
Shipping/Freight:	<input type="text"/>

(Date)

(Division)

(Buyer)

Item	Quantity	Unit	Description	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
Total					

Please Check Type, as appropriate:

Verbal Written Faxed Emailed U S Mail

* Retain on file current year plus 3 years