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STREET/ P.O. BOX:



CITY, STATE, ZIP CODE:

FEDERAL I.D. NUMBER:

TELEPHONE NUMBER:

CONTACT PERSON:

INSTRUCTIONS:
 QUOTES ARE AUTHORIZED BY
 COLLEGE PURCHASING REGULATIONS
 IN LIEU OF SEALED BIDS FOR ITEMS UP TO
 \$5,000. DEPARTMENTS SHALL
 OBTAIN AT LEAST 3 WRITTEN QUOTES
 PRIOR TO AWARDING THE CONTRACT. THIS
 FORM ALONG WITH THE WRITTEN QUOTES
 MUST BE ATTACHED TO THE CHECK RE-
 QUEST FORM FOR PAYMENT PROCESSING.

QUANTITY	UNIT	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
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DESCRIPTION OF ITEMS(S)

**VENDOR'S TOTAL
PRICE**

**EXPLANATION WHY LOWEST BIDDER NOT
SELECTED:**

**BILLING
TERMS**

**DELIVERY
DATE**

**DATE QUOTE WAS
OBTAINED**

PERSON OBTAINING QUOTATIONS:

PRINTED NAME _____ DATE _____

SIGNATURE _____ EXTENSION _____ TITLE _____