

REQUEST FOR QUOTE

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Date Issued:

Date Due:

Time Due:

DISTRICT INFORMATION		QUOTE PROVIDER to complete the following section:	
District Contact:		Company:	
Department or School:		Contact Name:	
Street Address		Telephone:	
City, State, ZIP:		Fax:	
Telephone:		E-Mail:	
Fax:		Payment Terms:	
Email		Lead Time:	

Ln	Qty	UOM	Description	MFG and Item No.	Proposed Equal	Unit Price	Ext. Price
1							
2							
3							
4							
5							
6							
7							
8			Freight, if applicable				
TOTAL							

IMPORTANT NOTE: Changes, additions, or deletions by quote provider to these terms may result in quote rejection. Quotes received after the due date listed above shall be rejected. Quotes must be submitted on this form or they may not be considered for award. Manufacturer item numbers, if referenced, are meant to establish quality levels and are meant to be descriptive, not restrictive. If quoting a product other than described or listed as a suggestion, a sample of that product may be required for evaluation.

Signature of Quote Providers Authorized Representative _____ **Date:**

Quoted prices shall be valid for 60 / 90 days (circle one)