

QUOTATION FORM

INSTRUCTIONS: Use this form to obtain and record quotes	Vendor Name:							
from at least three (3) vendors where required. After quotes have been recorded, this form must be signed and submitted to	Address:							
the Office of Procurement & Contracting	Telephone Number:							
along with copies of the quotes.	Date of Quotation:							
	Notified of Prevailing Wage (√)							
Description of Goods/Services:	Quantity	Unit	Unit Price	Total	Unit Price	Total	Unit Price	Total
NOTE: If the lowest-priced vendor is	Freight Costs:							
not selected, please explain:	Vendor's Total:							
	Discount Terms:							
	Comments:							
I certify that competition has been solicited and quotations Requisition Number:								
obtained in accordance with current Procurement & Contracting			(Required Field)					
regulations and procedures.								
Signature of person obtaining quotations:								
SIGNATURE & TITLE						DATE		