

## COMPETITIVE PROCESS QUOTATION FORM

(Required for purchases greater than or equal to \$5,000)

BUYER: _____  DEPT: _____  PHONE: _____  FAX #: _____  RECOMMEND AWARD TO: _____	<b>VENDOR 1</b>	<b>VENDOR 2</b>	<b>VENDOR 3</b>
	Company Name:	Company Name:	Company Name:
	Contact Person:	Contact Person:	Contact Person:
	Phone No:	Phone No:	Phone No:
	Fax No:	Fax No:	Fax No:

VENDOR QUOTATIONS								
ITEM	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
<b>SUBTOTAL</b>								
<b>SHIPPING AND HANDLING</b>								
<b>TOTAL</b>								
<b>DELIVERY TIME A.R.O.</b>			_____	<b>DAYS</b>	_____	<b>DAYS</b>	_____	<b>DAYS</b>

Purchasing Use Only
PO# _____

F.O.B. Point: \_\_\_\_\_  
(DESTINATION UNLESS OTHERWISE SPECIFIED)

BIDS RECEIVED BY: \_\_\_\_\_  
(SIGNATURE) \_\_\_\_\_ (DATE)