Price Quotation Sheet

Vendor A		
Name		
Address		
City, State, Zip		
Telephone:	Contact:	HUB? ☐ Yes ☐ No
Vendor B		
Name		
Address:		
City, State, Zip		
Telephone:	Contact:	HUB? ☐ Yes ☐ No
Vendor C		
Name:		
Address:		
City, State, Zip:		
Telephone:	Contact:	HUB? ☐ Yes ☐ No

Dept./Campus:
Requisition Number
Page 1 of _____ pages
Date Prepared:
Prepared by:
Notes:

				Vendor A		Vendor B		Vendor C	
Item#	Quantity	Unit	Description	Unit Cost	Total Cost	Unit Cost	Total Cost	Unit Cost	Total Cost
			Total:						
			Discount:						
			Subtotal:						
			*Shipping:						
			Grand Total:						

I certify that the above bids were received on the date(s) indicated, and that these bids were not disclosed in any way to any of the vendors prior to obtaining all bids.

_____
Signature of Person Receiving Quotes

Attach additional forms and documentation, as needed. Attach fax quotes if applicable.