



**Oral Quotes for Material/Services**

Submit this form with your requisition for all vendors not on state contract or another purchasing consortium with expenses encumbered for purchase costing at least \$10,000 but less than \$50,000.

Cost is not always the determining factor. The vendor can be chosen if the overall needs can only be met by that particular vendor (time needed, matching existing items, etc.) This must be documented.

Date: \_\_\_\_\_ Date Material/Services Needed: \_\_\_\_\_ School/Department: \_\_\_\_\_

Completed by: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Business Manager: Robert Million

Material Services Needed: \_\_\_\_\_

**Quote 1:**

Date of Call: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Vendor Representative (person giving quote): \_\_\_\_\_

Description: \_\_\_\_\_

Part Number: \_\_\_\_\_

Unit Price: \_\_\_\_\_ Freight Charge: \_\_\_\_\_ Sale Tax: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Notes/Details: \_\_\_\_\_

**Quote 2:**

Date of Call: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Vendor Representative (person giving quote): \_\_\_\_\_

Description: \_\_\_\_\_

Part Number: \_\_\_\_\_

Unit Price: \_\_\_\_\_ Freight Charge: \_\_\_\_\_ Sale Tax: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Notes/Details: \_\_\_\_\_

**Quote 3:**

Date of Call: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Vendor Representative (person giving quote): \_\_\_\_\_

Description: \_\_\_\_\_

Part Number: \_\_\_\_\_

Unit Price: \_\_\_\_\_ Freight Charge: \_\_\_\_\_ Sale Tax: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Notes/Details: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_