

TELEPHONE QUOTATION TABULATION FORM

NOTE: PRICE IS TO INCLUDE ALL COST FOR FREIGHT, SHIPPING, HANDLING, ETC.			#1		#2		#3	
	Vendor Name							
	Vendor Address							
	Vendor City, State, Zip							
	Federal Tax ID Number							
	Person Contracted							
Phone Number								
DESCRIPTION	QTY	UNIT OF MEASURE	UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT
1.								
2.								
3.								
4.								
5.								
TOTAL AMOUNT				\$		\$		\$
TERMS (NET 30)								
FOB POINT (DESTINATION)								
DELIVERY								
			_____ Days ARO		_____ Days ARO		_____ Days ARO	

Quotes Obtained By: **Date**

Signature Required

Approved by Budget Unit Head **Date**

Purchasing Approved By: **Date**

Department **Note:**

From Lowest Bidder

Purchase Requisition #

Note: To be duplicated by departments as needed.

10/02