

LISD Quote Summary

All purchases will be made from approved vendors, when possible, regardless of price. If an item is more than \$3500, three (3) quotes must be obtained (phone, online website, vendor catalog, etc.). Attach screen shots for online quotes or copies of catalog pages for backup. List all vendors on the form, even if they cannot provide the item. If using federal funds, you MUST go with the lowest cost. When NOT using federal funds and vendor selected does not offer the lowest cost, a full explanation shall be provided. Use additional pages, if necessary.

Please indicate if using: Federal Funds General Funds

Quote Information

DESCRIPTION: _____ DATE: _____ PUR REQ # (IF KNOWN): _____

CAMPUS/DEPT: _____ ORG # _____ CONTACT: _____ PHONE: _____

Supplier Information

	Vendor #1	Vendor #2	Vendor #3	Vendor #4 (if applicable)
Company Name	_____	_____	_____	_____
City/State	_____	_____	_____	_____
Contact Person	_____	_____	_____	_____
Phone	_____	_____	_____	_____
Email	_____	_____	_____	_____
LISD/Coop Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Response Type	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other
Comments:	_____	_____	_____	_____

Quote Responses

Item / Service Description	Qty	Unit	Vendor #1		Vendor #2		Vendor #3		Vendor #4 (if applicable)	
			Unit Price	Extension	Unit Price	Extension	Unit Price	Extension	Unit Price	Extension
1				\$ -		\$ -		\$ -		\$ -
2				\$ -		\$ -		\$ -		\$ -
3				\$ -		\$ -		\$ -		\$ -
4				\$ -		\$ -		\$ -		\$ -
5				\$ -		\$ -		\$ -		\$ -
6				\$ -		\$ -		\$ -		\$ -
7				\$ -		\$ -		\$ -		\$ -
8				\$ -		\$ -		\$ -		\$ -
9				\$ -		\$ -		\$ -		\$ -
10				\$ -		\$ -		\$ -		\$ -
11				\$ -		\$ -		\$ -		\$ -
*Shipping / Freight Cost (if applicable)				\$ -		\$ -		\$ -		\$ -
			Total	\$ -	Total	\$ -	Total	\$ -	Total	\$ -

*All shipping / freight cost must be included in the total

Award Information

Recommended Vendor(s): _____ Award Amount: _____ Reason for Award: _____