



## PURCHASING QUOTATIONS

Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Person Submitting: \_\_\_\_\_

Product, Description, Brand/Model: \_\_\_\_\_

\_\_\_\_\_

1. Company: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Time: \_\_\_\_\_

Person Called: \_\_\_\_\_

Price: \_\_\_\_\_ Shipping cost: \_\_\_\_\_ Total: \_\_\_\_\_

Availability & Terms: \_\_\_\_\_

2. Company: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Time: \_\_\_\_\_

Person Called: \_\_\_\_\_

Price: \_\_\_\_\_ Shipping cost: \_\_\_\_\_ Total: \_\_\_\_\_

Availability & Terms: \_\_\_\_\_

3. Company: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Time: \_\_\_\_\_

Person Called: \_\_\_\_\_

Price: \_\_\_\_\_ Shipping cost: \_\_\_\_\_ Total: \_\_\_\_\_

Availability & Terms: \_\_\_\_\_

Person Obtaining Quote: \_\_\_\_\_

Company Selected (circle) 1 2 3

Remarks: \_\_\_\_\_

\_\_\_\_\_

### INSURANCE REQUIREMENTS

Contractors must provide Insurance to conform to the following provisions and amounts:

Worker's Compensations	Statutory Limit
Compensation General Liability Occurrence	\$500,000
Bodily injury & Property Damage Aggregate	\$1,000,000
Comprehensive Auto	\$1,000,000