

F.Y.

Cost Center

Obj. Code

Amount

Vendor #

P.O. #

**MINNESOTA STATE COLLEGES AND UNIVERSITIES**  
**QUOTE FORM (For purchases less than \$25,000)**

College/University/System Office:

\_\_\_\_\_

Division/Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Reqn. No. \_\_\_\_\_

Please submit quote **ON THIS FORM**, showing your lowest price, terms, time for acceptance, and earliest delivery date, on the items listed below. Catalog references are descriptive but not restrictive, and indicate the quality desired. Please show catalog references, trade names, or other complete description on the items you proposed to furnish. Return one copy to us properly filled out with unit and total prices on each item and retain one copy. Quotes made in pencil will be rejected.

Point of destination \_\_\_\_\_

Date Delivery Required \_\_\_\_\_.

A quotation must be received not later than \_\_\_\_\_ M.  
o'clock.

\_\_\_\_\_  
(Name of Office)

\_\_\_\_\_  
(Location)

In compliance with the above invitation for quotes, and subject to all the conditions thereof, the undersigned offers, and agrees, if this quote is accepted within \_\_\_\_\_ days from the date of the opening, to furnish delivered to point of destination any or all items upon which prices are quoted, at the price set opposite each item.

Item No.	Description of Article or Service	Quantity	Unit	Unit Price	Total

It is understood that this is NOT a Purchase Order but a request for quote.

The following information must be filled in; otherwise quote may not be considered.

In stock for immediate delivery, Item No. \_\_\_\_\_

TERMS \_\_\_\_\_ Discount offered for less than 30 days will not be considered in making award.

Firm Name	Signature in Ink By	Title	
Address	City, State, Zip	Vendor's Phone No. (      ) Fax: (      )	Date of Quote

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3/27/2003, Revised 07/08/03