



Date:	
Person/Dept. Requesting Quote:	
Verbal Quote #	

**DOCUMENTATION FORM FOR PURCHASING
FOR VERBAL QUOTATIONS ONLY
TO BE FOR AMOUNTS: \$0.00 - \$3,500.00**

	VENDOR 1	VENDOR 2	VENDOR 3
Company			
Contact Person			
City/State			
Telephone #			
Fax #			

ITEM #	Qty	Descriptions/Specs	Unit Price Vendor 1	Unit Price Vendor 2	Unit Price Vendor 3
		<i>Freight Charges</i>			
		<i>Delivery Date After Receipt of PO</i>			
		TOTAL	\$	\$	\$

RECOMMENDED VENDOR	
<i>If LOW QUOTE NOT Recommended need justification</i>	

Administrator Signature _____ Date _____

Note: Please attach this verbal quote form to the Purchase Order when submitting for payment.