

# TELEPHONIC PRICE QUOTE

(This form may be used for values up to \$5,000. Products or services exceeding this limit are to be formally bid by the Purchasing Department.) [POC= person/point of contact]



Requisition Number: \_\_\_\_\_

POC \_\_\_\_\_

Need by Date: \_\_\_\_\_

Qty	MFG	Model #	Item(s) Description:	Include color, MFG # if known
1.				
2.				
3.				
4.				

Vendor Name: _____	POC: _____	Tel #: _____
Unit Cost: _____	Availability: _____	Delivery Cost: _____
Delivery Date: _____		
1.		
2.		
3.		
4.		

Notes: \_\_\_\_\_

Vendor Name: _____	POC: _____	Tel #: _____
Unit Cost: _____	Availability: _____	Delivery Cost: _____
Delivery Date: _____		
1.		
2.		
3.		
4.		

Notes: \_\_\_\_\_

Vendor Name: _____	POC: _____	Tel #: _____
Unit Cost: _____	Availability: _____	Delivery Cost: _____
Delivery Date: _____		
1.		
2.		
3.		
4.		

Notes: \_\_\_\_\_

Vendor Name: _____	POC: _____	Tel #: _____
Unit Cost: _____	Availability: _____	Delivery Cost: _____
Delivery Date: _____		
1.		
2.		
3.		
4.		

Notes: \_\_\_\_\_

Selected Vendor _____	Signature _____	Date _____
Selection based upon: _____		

*The Salt Lake City School District prohibits discrimination based on age, color, disability, gender, gender identity, national origin, pregnancy, race, religion, or sexual orientation.*