

# HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

# PRICE QUOTATION SHEET

VENDOR A	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	CONTACT:
VENDOR B	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	CONTACT:
VENDOR C	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	CONTACT:

Dept. / Campus:
Requisition Number:
Page 1 of _____ pages
Date Prepared:
Prepared by:
Notes:

Use Additional Sheet If Needed

ITEM #	QUANTITY	UNIT	DESCRIPTION	VENDOR A		VENDOR B		VENDOR C	
				UNIT COST	TOTAL COST	UNIT COST	TOTAL COST	UNIT COST	TOTAL COST
Total:									
Discount:									
Subtotal:									
*Shipping:									
Grand Total:									

I certify that the above bids were received on the date(s) indicated, and that these bids were not disclosed in any way to any of the vendors prior to obtaining all bids.

Signature of Person Receiving Quotes \_\_\_\_\_

Attach Additional Sheets If Needed. Attach Fax Quotes If Applicable.

Requisition Number:

Page \_\_\_\_\_ of \_\_\_\_\_ pages.

[illegible]