



# Purchasing Services Bid/Quote Request Form

*Requests will be processed on a first come, first serve basis.*

Phone: 632-3241

Fax: 632-8848

Date	Department/Campus	Contact Person	Phone Number	Fax Number
Date Needed	Account Number(s)	Estimated Cost	Approving Official	

**GOODS/SERVICES INFORMATION: (Provide details and include vendors you wish contacted)**


**APPROVALS**

Requestor Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

*Please set up an appointment with Purchasing Services to obtain the following approval:*

Purchasing Approval \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only. Do not mark below this line. Date stamp on receipt.		
Bid Type:	Bid Number/Name:	Buyer:
Specs Due:	Bid Opening Date:	Date Assigned:
Dept. Review of Specs:	Bid Opening Time:	Completion Date:
Auditor Approval of Specs:	Board Presentation Date:	Received Stamp:
Ad Dates:	Notice of Award Date:	
Invitation Date:	Expiration Date:	
Pre-Bid Conf. Date:	Contract Term:	
Last Questions Date:	PO Type:	