

**EDINBURG CISD  
REQUEST FOR PRICE QUOTE**

<b>RESET</b>
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Date: \_\_\_\_\_

<b>DATE DUE:</b>	<b>FAX QUOTE TO:</b>
<b>CAMPUS/DEPT:</b>	<b>CONTACT PERSON:</b>

ITEM #	DESCRIPTION ( Brands, Models, colors, etc)	QTY	UNIT PRICE	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

(NOTE: This form is used to acquire price quotes over \$500 and less than \$4,000. Departments and Campuses must keep the completed forms in file attached to the requisition for audit purposes.)

===== **VENDOR COMPLETE SECTION BELOW** =====

I CAN DELIVER IN \_\_\_\_\_ DAYS. EARLY PAYMENT DISCOUNT OF \_\_\_\_\_% IF PAID IN \_\_\_\_\_ DAYS.

BY: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PH: \_\_\_\_\_ FAX: \_\_\_\_\_