



PERSON REQUESTING THE QUOTE: _____

EMAIL: _____

PHONE: _____

Please quote price and delivery for the below requested goods or services. ALL blanks must be completed. In case of discrepancy between Unit Price and Total, the Unit Price shall be considered correct.

Indicate Purchasing Coop/Contract reference and/or Education Discount provided: _____

Quote Line Number	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT of MEASURE (ea, cs, dz,hr, etc.)	UNIT PRICE	TOTAL AMOUNT	Date for Delivery or Completion of Services
1						
2						
3						
4						
5						
6						
7						
8						
9						

Special requirements (if any): _____

Attach additional pages with information as needed

All blanks below to be completed by vendor

COMPANY: _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____ EMAIL _____

AUTHORIZED AGENT (PRINTED NAME): _____ TITLE _____

VENDOR QUOTE # _____

PRICES GOOD THROUGH _____

PLEASE RESPOND TO THIS QUOTE BY (DATE AND TIME): _____

Late responses will not be accepted

SRJC Terms and Conditions apply to all purchases made by the District