



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**