

 **BEST PRICE PROCUREMENT** **QUOTATION REQUEST FORM**

**Grey areas to be filled in by vendor**

|  |
| --- |
| **Return Quote Request Form To:** |
| Department: | Contact Person: |
| Phone: | Fax: |
| Address: |

|  |  |
| --- | --- |
| Vendor Name: | Contact Person: |
| Phone: | Fax: |
| Address: |
| Payment Terms: | Quote Valid Until: | / | / |
| Products will be received in | # of days after order is received |  |  |
| **COOPERATIVE PURCHASING**Contract Type (i.e. GSA) Contract Number Contract Expiration Date / /  |

Item to be shipped to Department Address Above Customer Pickup

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUANTITY** | **UNIT OF MEASURE** | **DESCRIPTION** | **UNIT PRICE** | **SUBTOTAL** |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  | **SUBTOTAL** | $ |
|  | OTHER CHARGES | $ |
| Explanation: |  |
|  |  SHIPPING (FOB DESTINATION ONLY) | $ |
|  | **SUBTOTAL** | $ |
|  | TAX 8% | $ |
|  | **TOTAL** | $ |

Authorized Vendor Signature Date / /

Disclaimer: If “Quote Valid Until” date is not filled in, quote is valid for 30 calendar days. Horry County Purchase Order Terms and Conditions will govern this purchase.