

**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.