

ABSTRACT SUMMARY

I CERTIFY THAT THE FOREGOING STATEMENT OF INFORMAL QUOTATION IS TRUE AND CORRECT AND PRICES CHARGED ARE JUST, FAIR, AND REASONABLE, AND THE BEST OBTAINABLE FOR THE ITEMS DESCRIBED BELOW.

		Vendor Name #1:		Vendor Name #2:		Vendor Name #3	
Requester's Staff Name and Date							
		Quoted by:		Quoted by:		Quoted by:	
RCUOG Department: Reference: Requisition No.:							
Note: If the vendor is not in the Colleague (VENI), a W-9 (or W-8BEN-E) Form must be completed before the purchase order is approved. Vendor #2 and #3 needs to be completed if the amount exceeds \$10,000.		Date of Quote:		Date of Quote:		Date of Quote:	
ITEM DESCRIPTION	QTY	Unit Price	Total Amount	Unit Price	Total Amount	Unit Price	Total Amoun
1							
2							
3							
4							
5							
Advance payment: Yes /_/ No /_/	SHIP. COSTS						
	TOTAL						
G/L Account Number:							
Justification:			APPROVALS:				
			Principal Inves	tigator	Signature		Date
AUTHORIZED PERSONNEL:			HOC B /B:		<u> </u>		D
			UOG Dean/Dir	rector	Signature		Date