

BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT

*Business Office * Briarcliff Manor, NY*

REQUEST FOR QUOTATION

Item or items requested: _____

VENDOR NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

DATE QUOTE RECEIVED: _____ QUOTE AMOUNT: _____ WRITTEN OR VERBAL

COMMENTS: _____

VENDOR NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

DATE QUOTE RECEIVED: _____ QUOTE AMOUNT: _____ WRITTEN OR VERBAL

COMMENTS: _____

VENDOR NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

DATE QUOTE RECEIVED: _____ QUOTE AMOUNT: _____ WRITTEN OR VERBAL

COMMENTS: _____

QUOTE AWARDED TO: _____

REQUESTOR'S SIGNATURE _____