

GRAND TOTAL

\$ 0.00

*REMI NDER: Completion of all shaded areas is required - Please add 6% sales tax plus shipping costs when applicable

(Continued on Reverse Side)

Item #	State Contract Quote, Bid, or Certification #	NC State Commodity #	Quantity	Unit (ea., doz., box, pkg, etc.)	Catalog or ID Number	COMPLETE DESCRIPTION OF ITEM AND ITS USE Including but not limited to: Brand, Make, Size, Color	Unit Price	* TOTAL PRICE
1.							\$	

TELEPHONE QUOTES OPTIONAL

(For Total Orders Up To \$500)

VENDOR See attached for bids.

VENDOR

VENDOR

PHONE #
NAME OF PERSON
GIVING QUOTES
DATE QUOTE
RECEIVED

PHONE #
NAME OF PERSON
GIVING QUOTES
DATE QUOTE
RECEIVED

PHONE #
NAME OF PERSON
GIVING QUOTES
DATE QUOTE
RECEIVED

ITEM #	AMOUNT	AMOUNT	AMOUNT
1.			
2.			
3.			

4.
5.

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