

## Record and Evaluation of Written Quotations

Department:	Requisition No.:
	P.O. No.:

Purchase Description and Contract Terms:

Quantities (check one):      Estimated       Actual

Quality Requirements:

Vendors Contacted	Quantity	Unit Price	Total Price	Met Quality Requirements
Company 1:				Yes <input type="checkbox"/>
Contact Name				
Address				
Email				No <input type="checkbox"/>
Telephone				
Solicited by: _____ Date: _____				
Notes				

Company 2:				Yes <input type="checkbox"/>
Contact Name				
Address				
Email				No <input type="checkbox"/>
Telephone				
Solicited by: _____ Date: _____				
Notes				

Company 3:				Yes <input type="checkbox"/>
Contact Name				
Address				
Email				No <input type="checkbox"/>
Telephone				
Solicited by: _____ Date: _____				
Notes				

Recommendation:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_