

SEGUIN INDEPENDENT SCHOOL DISTRICT
Purchasing Quotations

Date: _____ Budget Code: _____

Campus/Department: _____

Person Submitting Request: _____ Phone Extension: _____

Description, Brand/Model #, etc. ()Quantity

Category of Goods: _____

1. Vendor: _____

Phone Number: _____ Fax Number: _____

Name of Person Called: _____ Title: _____

Price per Unit: _____ Shipping Charge: _____

Availability and Terms: _____

Written Quotation Received: _____ Yes ___ No ___

2. Vendor: _____

Phone Number: _____ Fax Number: _____

Name of Person Called: _____ Title: _____

Price per Unit: _____ Shipping Charge: _____

Availability and Terms: _____

Written Quotation Received: _____ Yes ___ No ___

3. Vendor: _____

Phone Number: _____ Fax Number: _____

Name of Person Called: _____ Title: _____

Price per Unit: _____ Shipping Charge: _____

Availability and Terms: _____

Written Quotation Received: _____ Yes ___ No ___

Vendor Approved: _____

Purchase Approved: _____ Date: _____

Signature