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| **Requesting Agency** | **Date** | **Contact Name** |
| **E-Mail** | **Phone** | **Fax** |

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| **Return completed quote to agency requestor no later than** | **on** |
| **time** | **date** |

# Pricing Good thru

**Vendor Name**

**Vendor Email**

**Vendor Phone**

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| --- | --- | --- | --- | --- | --- | --- |
| **Agency Use** | | | **Vendor Use** | | | |
| **Quantity** | **Unit** | **Item Description** | **Manuf. Product No.** | **Unit Price** | **Total** | **Delivery, ARO** |
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**GRAND TOTAL $**

Minimum order requirements (if applicable)

(Quote may be rejected if minimum order requirements are determined to not be in the best interest of the agency.)

Other:

**Vendor Name**

**Vendor Email**

**Vendor Phone**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency Use** | | | **Vendor Use** | | | |
| **Quantity** | **Unit** | **Item Description** | **Manuf. Product No.** | **Unit Price** | **Total** | **Delivery, ARO** |
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