



City of Miami REQUEST FOR QUOTATION

Blanket Purchase Order No. _____

Bid Contract No.:
JV5853-2/02-OTR-CW
Miami-Dade County/Dade
County Public Schools**INSTRUCTIONS TO VENDOR:**

1. Please quote on this form, your best price, terms, and delivery, on the articles described below.
Substitute offers will be considered if difference in specifications are explained.
2. All quotations are to be F.O.B. Destination unless otherwise indicated.
3. Areas 1-7 must be completed, and this form **MUST BE SIGNED** in order to be valid.
4. To meet the deadline for reply, **REPLY BY FAX.**

**THIS IS NOT
AN ORDER**
DO NOT DELIVER UNLESS
AUTHORIZED BELOW.

Vendor: _____

Reply Not Later Than: _____

Attn: _____

Fax Number: _____

Date Prepared: _____

ITEM NO.	QTY	UoM	DESCRIPTION	UNIT PRICE	EXTENDED PRICE

3. Date Delivery Can Be Made: _____

4. Date: _____

5. Authorized Signature: _____

6. Name Printed: _____

7 Official Title: _____

RETURN TO :

DEPARTMENT: _____

FAX: _____

ATTN: _____

DEPARTMENT _____

CITY OF MIAMI
REQUEST FOR QUOTATION
TABULATION FORM

REQUISITION # _____ PAGE ____ OF ____

DIVISION _____

<input type="checkbox"/> SECURED by PHONE <input type="checkbox"/> SECURED by FAX <input type="checkbox"/> PROPRIETARY* *(Specify reason in COMMENTS)	MWBE STATUS/LOCAL STATUS	VENDOR #1 /	VENDOR #2 /	VENDOR #3 /
	VENDOR NAME			
	ADDRESS			
	CITY/STATE/ZIP			
	FEDERAL I.D.# OR S.S.N.			
QUOTED BY				
TELEPHONE NO.				

ITEM NO.	DESCRIPTION	QTY	U/M	UNIT COST	EXT PRICE	U/M	UNIT COST	EXT. PRICE	U/M	UNIT COST	EXT PRICE

Date _____
 Department Purchasing Agent _____
 Department Director _____

TOTAL			
DELIVERY DATE			
SHIP/FREIGHT CHARGE			
PAYMENT TERMS			

COMMENTS

