

PURCHASING INQUIRY FORM

Please complete this form for all requisitions totaling **\$10,000 or more** and for requisitions totaling **\$5,000 or more without coop pricing.**

Please include the 3 quotes with this form.

ITEM/SERVICE BEING PURCHASED			
CIRCLE CHOSEN QUOTE	QUOTE 1	QUOTE 2	QUOTE 3
VENDOR NAME			
CONTACT NAME			
EMAIL and PHONE NUMBER			
QUOTED PRICE	\$	\$	\$
SHIPPING (if applicable)	\$	\$	\$
TOTAL	\$	\$	\$
NAME OF COOP (if applicable)			
REASON FOR CHOICE (This explanation is required if the lowest quote was <i>not</i> chosen or if more than 1 quote was <i>not</i> obtained.)			
ORIGINATOR			
CAMPUS/DEPT			
ACCOUNT #			
BUDGET MANAGER SIGNATURE			