

TOWN OF COLLIERVILLE 500 POPLAR VIEW PARKWAY COLLIERVILLE, TN 38017 (901) 457-2250 FAX (901) 457-2258				REQUEST FOR QUOTATION		
		NUMBER A	DATE B			
The above number must appear on all related paperwork.						
THIS IS NOT AN ORDER						
DELIVERY REQUIRED C	REPLY NO LATER THAN D	REQUISITION NO. E	DEPARTMENT F	JOB NO. G		
VENDOR			SUMMARY OF QUOTATIONS			
1			ITEM	VENDOR 1	VENDOR 2	VENDOR 3
			1			
2	H			2		
3			SHIPPING COSTS 3			
			TOTAL 4			
			TERMS 5			
			F.O.B. 6			
			SHIP DATE 7			
TERMS I	F.O.B. J	SHIPMENT VIA K		DATE SHIPMENT CAN BE MADE L		
ITEM	QUANTITY	DESCRIPTION			UNIT PRICE	AMOUNT
M	N	O			P	Q
		SHIPPING COST				
		LUMP SUM TOTAL OF QUOTE				

COMPANY NAME: _____ **R**

CONTACT PERSON: _____ **S** PHONE NO.: _____ **T**

SIGNATURE: _____ **U** DATE: _____ **V**