

901 North Kinlani Road, Flagstaff, Arizona 86001 ~ (928) 774-5279 ~ Fax (928) 556-9683 (Revised 9/4/19)

QUOTATION FORM
For purchases under \$10,000
(Attach to Requisition)

For Requisition Number: _____

	Name of Supplier	Contact Person	Phone # called or Website Address (if Applicable)	Date Quotation Obtained	Supplier Accept POs, Checks, Credit Cards
Supplier 1					
Supplier 2					
Supplier 3					

Items (General Description, i.e. office supplies)	Quantity	Supplier 1	Supplier 2	Supplier 3
	Taxes			
	Discount			
	Delivery			
(Please circle the recommended supplier and price)	Total			

Verbal/Internet Quotes obtained by (Print Name and Signature): _____

Justification for Supplier Choice: _____