

EMPORIA STATE UNIVERSITY

SAMPLE

QUOTATION NO.: _____

DATE SENT: _____

CLOSING 2:00 P.M. CST:_____

DEPT P.R. NO.:

EMPORIA, KS 66801

-All inquires concerning this request shall be directed in writing to:

Vendor

Address

City _____ ST _____ Zip _____

Bids are accepted by e-mail

OR

Bids are to be returned on this form in vendor's own envelope, sealed securely, addressed and marked on the outside as indicated above.

1. In communicating always refer to the above Quotation number.
2. In order to receive consideration for award, one copy of this "Informal Bid Quotation", properly completed and signed, must be returned to and received by the ESU requesting department no later than the specified closing date and time.
3. All prices, terms, and conditions must be shown. Additions or conditions not shown on this quotation will not be allowed.
4. Purchase orders or contracts resulting from this quotation may not be assigned without prior written approval of the ESU Controller and/or Director of Purchasing.
5. The seller agrees to protect the purchaser from all damage arising out of alleged infringements of patents.
6. Unless otherwise specified, the right is reserved to accept or reject all or any part of this quotation.
7. Prompt payment discounts will not be considered in determining low bid.
8. Prices quoted shall be less Federal Excise and State Sales taxes.
9. If given an order, Bidder agrees to furnish the items enumerated hereon at the price(s) and under the conditions indicated.
10. It is hereby agreed that the bidder will, if required by law, comply with the Kansas Act against Discrimination, K.S.A 44-1030 ET. Seg.
11. Contractual Provisions Attachment DA-146a applies to all bids.

Item #	QTY	Unit	Description of Material or Service	Unit Price	Amount

By signing the quotation, the bidder certifies that:

-Any time line indicated can be met as required.

-The merchandise quoted meets or exceeds the specifications and requirements described herein.

-By submission of this bid I (we) agree to comply with all conditions within this IBQ.

PAYMENT TERMS: _____ DELIVERY TO BE: _____ BUSINESS DAYS AFTER RECEIPT OF ORDER. DATE: _____

SIGNED BY: _____ PRINT NAME: _____ TITLE: _____

TOLL FREE/PHONE#: _____ FAX#: _____ EMAIL: _____