

## REQUEST FOR QUOTATION

**For Purchasing Department Use:**

AB or QB Number \_\_\_\_\_

On Site Inspection Date \_\_\_\_\_

Bid Opening Date \_\_\_\_\_

**General Information**

Contact Person \_\_\_\_\_ Department \_\_\_\_\_ Ext. \_\_\_\_\_

Fiscal Year \_\_\_\_\_ Desired Delivery Date \_\_\_\_\_ Estimated Total Purchase \$ \_\_\_\_\_

**Type of Purchase (Check One):**

Written Quote Between \$6,600 and \$33,000     
  Advertised Bid Over \$ 33,000     
  Board of Trustees Waiver

If money is to be divided among accounts, please indicate the chartfields and percentage of total cost to be drawn from each below.

ACCOUNT	FUND	DEPTID	PROGRAM	CLASS	BDGTPD	PROJ/GRT	%

**Shipping and Billing**

Ship to: The College of New Jersey 2000 Pennington Road Ewing NJ 08628  Attn.: _____ Dept: _____	Bill to: The College of New Jersey PO Box 7718 Ewing NJ 08628-0718  Attn.: _____ Dept: _____
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**Please complete the second page with detailed and descriptive specifications or attach a PDF or Word file to be used as the official description, scope of work, and specifications that will be given to vendors.**

\_\_\_\_\_  
 Authorized Signature                      Print Name                      Date Requested

**Suggested Vendors**

Vendor Name	Contact Person	Email Address	Telephone #	Fax #

***THE COLLEGE OF NEW JERSEY  
REQUEST FOR QUOTATION***

List below specifications to be the official description given to vendor:

Item No.	Detailed and Complete Description of All Items/Services