

REQUEST FOR QUOTATION

For Purchasing Department Use:

AB or QB Number _____

Pre-bid/Site Visit 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 \$6,880 and \$34,400
 Advertised Bid Over \$ 34,400
 Board of Trustees Waiver

If cost is to be divided among Org's, please indicate the COA and percentage of total cost to be drawn from each COA.

ACCOUNT	FUND	ORG	CATEGORY	PROGRAM	ACTIVITY	LOCATION	%

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 included in the bid.

 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 will be included in the bid package:

Item No.	Detailed and Complete Description of All goods & services to be procured