

PURCHASE INQUIRY FORM (PIF)

Complete this form if requisition totals **\$10,000 or more** and the lowest quote was **not** chosen.
Please include all quotes with this form.

ITEM/SERVICE BEING PURCHASED			
CIRCLE CHOSEN QUOTE	1st QUOTE	2nd QUOTE	3rd QUOTE <small>(only needed if \$25,000.00 or more)</small>
VENDOR NAME			
CONTACT NAME			
EMAIL and PHONE NUMBER			
QUOTED PRICE	\$	\$	\$
SHIPPING <small>(if applicable)</small>	\$	\$	\$
TOTAL	\$	\$	\$
NAME OF COOP <small>(if applicable)</small>			
REASON FOR CHOICE (Please explain why lowest quote was <i>not</i> chosen or why only 1 quote was obtained.)*			
ORIGINATOR			
CAMPUS/DEPT			
ACCOUNT #			
BUDGET MANAGER SIGNATURE			

* Subject to approval by FISD CFO