

# Quotation Form

Steilacoom Historical School District  
510 Chamber Street  
Steilacoom, WA 98388

Originator Name \_\_\_\_\_

School/Dept. \_\_\_\_\_

Date Quoted:									
Phone Number:				( )	( )	( )	( )	( )	( )
Fax Number:				( )	( )	( )	( )	( )	( )
Delivery Date Requested:									
Qty	Unit	Make/Model #	Description	Price		Price		Price	
				Per unit	Extension	Per unit	Extension	Per unit	Extension
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
Subtotal <sup>4</sup> (check the box on lowest quote)				<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Admin Fee/Other Costs					\$		\$		\$
Actual Shipping Costs					\$		\$		\$
<b>Grand Total<sup>3</sup></b>					\$		\$		\$

(For comparison purposes. Total does not include tax)