

INSTRUCTIONS: THE ITEMS LISTED ARE SUPPLIES FOR THE (SCHOOL NAME)

PLEASE ENTER IN 'RED' YOUR UNIT COST(EVEN CENTS ONLY), TOTAL COST, BRAND NAME, AND PRODUCT NUMBER ONLY FOR THE ITEM YOU WISH TO BID. LEAVE THE REST BLANK. FILL IN VENDOR NAME AT THE TOP OF EACH PAGE. RETURN ONLY PAGES YOU BID ON AND THE LAST PAGE. PLEASE SUBMIT TOTAL BID COST FOR ALL ITEMS BID ON THE LAST PAGE.

WILSON AREA SCHOOL DISTRICT
REQUEST FOR PROPOSAL

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| VENDOR _____ |
| VENDOR BID # _____ |
|=====
| (FOR BUSINESS OFFICE USE ONLY BY: |
| (SCHOOLS NAME) |
|=====
| DATE RECEIVED _____ |
| VENDOR # _____ |
| DATE ENTERED _____ BY _____ |
| DATE CHECKED _____ BY _____ |
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* YOUR SUBSTITUTE ITEMS WILL BE CONSIDERED *
* ONLY WHEN SAMPLES ARE INCLUDED!! *
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<u>ITEM</u>	<u>QUANTITY</u>	<u>UM</u>	<u>UNIT DETAIL</u>	<u>BATCH</u>
			<u>DESCRIPTION</u>	
CLASS : BASEB				
Baseball17	14	DOZEN DOZEN	Spalding Pro 41-100 HS Baseballs	Baseball
			REQUESTED BRAND : 41-100HS	PRODUCT NUMBER :
			YOUR CATALOG # :	
			SUBSTITUTED BRAND : DO NOT SUBSTITUTE	PRODUCT NUMBER :
			UNIT COST :	TOTAL COST :

WILSON AREA SCHOOL DISTRICT
REQUEST FOR PROPOSAL

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THE UNDERSIGNED, HAVING FAMILIARIZED HIMSELF WITH THE ATTACHED INSTRUCTIONS AND GENERAL CONDITIONS, PROPOSES TO FURNISH THE ABOVE PRICE QUOTES.

IN ADDITION TO THE INSTRUCTIONS AND GENERAL CONDITIONS, THE UNDERSIGNED AGREES TO ASSUME ALL RESPONSIBILITY IN MAKING ADJUSTMENTS OR REPLACING SUPPLIES DAMAGED IN TRANSIT TO THE SATISFACTION OF THE PURCHASER.

COMPANY NAME: _____
STREET ADDRESS: _____
P. O. BOX: _____
CITY, STATE, ZIP: _____
COUNTRY: _____
BY: _____
TITLE: _____
TELEPHONE NBR: _____
FAX NBR: _____
DATE: _____
** TOTAL BID COST ** _____

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*NOTE TO VENDORS: YOUR SUBSTITUTE ITEMS WILL BE CONSIDERED *
* ONLY WHEN SAMPLES ARE INCLUDED! *
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***** End of report *****