

PFLUGERVILLE INDEPENDENT SCHOOL DISTRICT

REQUEST FOR QUOTATIONS

TO:

Vendor Name: _____

Contact: _____

Phone: _____ Fax: _____

FROM:

Campus/Department: _____

Contact: _____

Phone: _____ Fax: _____

Please provide quotations for each of the following items and return to the contact noted above. These quotations **must be signed and dated**.

Item Description	Quantity	Price	Extended Cost

Shipping: _____

Lead Time (ARO) _____ calendars days

Installation (if applicable): _____

Prices will be held until: _____

Warranty: _____

Printed Name_____
Title_____
Authorized Signature_____
Date