Informal Purchasing Log

Item to be purchased: _____

Vendor requirements (product specifications/packaging, geographic preference, quantities, delivery requirements, etc.):

_____

_____

Date & Method of Contact (Email/Phone)	**Vendor Name**	**Vendor Pricing**	**Responsive/Responsible Vendor?** Record notes on the vendor's ability to fulfill vendor requirements.

Vendor Awarded: _____

Signature of Person Completing this form: _____ **Date:** _____

This institution is an equal opportunity provider.