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.

****
*
* YOUR SUBSTITUTE ITEMS WILL BE CONSIDERED *
* ONLY WHEN SAMPLES ARE INCLUDED!! *
*
****

VENDOR_____

VENDOR BID #_____

(FOR BUSINESS OFFICE USE ONLY BY:
(SCHOOLS NAME)

DATE RECEIVED_____

VENDOR #_____

DATE ENTERED_____BY_____

DATE CHECKED_____BY_____

ITEM	QUANTITY	UM	UNIT DETAIL / DESCRIPTION	BATCH
CLASS : WREST				
WRESTLING12	6	EACH	EACH KENNEDY MONSTER MOP REPLACEMENT PADS REQUESTED BRAND : YOUR CATALOG # : SUBSTITUTED BRAND : DO NOT SUBSTITUTE UNIT COST :	WRESTLE PRODUCT NUMBER : PRODUCT NUMBER : TOTAL COST :
WRESTLING15	4	CASE	CASE MATMAN MAT TAPE (CASE OF 24 ROLLS) REQUESTED BRAND : YOUR CATALOG # : SUBSTITUTED BRAND : DO NOT SUBSTITUTE UNIT COST :	WRESTLE PRODUCT NUMBER : PRODUCT NUMBER : TOTAL COST :
WRESTLING16	5	EACH	EACH PREDICAMENT SCORE BOOKS - 124 PAGES REQUESTED BRAND : YOUR CATALOG # : SUBSTITUTED BRAND : DO NOT SUBSTITUTE UNIT COST :	WRESTLE PRODUCT NUMBER : PRODUCT NUMBER : TOTAL COST :
WRESTLING17	22	EACH	EACH CLIFF KEEN SIGNATURE ADULT HEADGEAR - ROYAL BLUE AND WHITE REQUESTED BRAND : CLIFF KEEN YOUR CATALOG # : SUBSTITUTED BRAND : DO NOT SUBSTITUTE UNIT COST :	WRESTLE PRODUCT NUMBER : PRODUCT NUMBER : TOTAL COST :
WRESTLING20	12	EACH	EACH CLIFF KEAN KNEE PADS - BLUE OR BLACK REQUESTED BRAND : YOUR CATALOG # : SUBSTITUTED BRAND : DO NOT SUBSTITUTE UNIT COST :	WRESTLE PRODUCT NUMBER : PRODUCT NUMBER : TOTAL COST :

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 AGRESS 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 ** _____

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

********** End of report **********