

KERSAHW COUNTY SCHOOL DISTRICT REQUEST FOR QUOTATION

Quote Number: _____

Delivery Address: _____

This quotation must be returned to: _____

No later than (date) _____ (time) _____ ☐ a.m. ☐ p.m.

ESTIMATED FREIGHT CHARGE: \$ _____

OTHER MISCELLANEOUS CHARGES: \$ _____

Do not include any Federal Taxes that may be eliminated to State Government or the South Carolina State Sales Tax.

Line Item	Description	Qty.	U/M	Mfg./ Brand	Model/ Catalog #	Unit Price	Total Price

Schools/Departments check one of the following boxes:

☐

Award will be made to one vendor for all line items.

☐

Award will be made by individual line item.

In compliance with the above request and subject to all conditions, the undersigned offers and agrees to furnish the above at prices shown if this quotation is accepted within _____ days from date of closing date.

Delivery Time _____ Days ARO

Vendor Name _____

Name (printed) _____

Address _____

Signature _____

Address _____

Date _____

City/State/Zip _____

Fax # _____

Fed ID # _____

Email _____

(Above must be completed and signed in order to be considered for award.)