

REQUEST FOR QUOTATION

<p>For Purchasing Department Use: AB or QB Number _____ On Site Inspection Date _____ Bid Opening Date _____</p>
--

General Information

Contact Person _____	Department _____	Ext. _____
Fiscal Year _____	Desired Delivery Date _____	Estimated Total Purchase \$ _____

Type of Purchase (Check One):

Written Quote Between \$5,001 and \$28,300
 Advertised Bid Over \$ 28,300
 Board of Trustees Waiver

If money is to be divided among accounts, please indicate the chartfields and percentage of total cost to be drawn from each below.

ACCOUNT	FUND	DEPTID	PROGRAM	CLASS	BDGTPD	PROJ/GRT	%

Shipping and Billing

Ship to: The College of New Jersey 2000 Pennington Road Ewing NJ 08628 Attn.: _____ Dept: _____	Bill to: The College of New Jersey PO Box 7718 Ewing NJ 08628-0718 Attn.: _____ Dept: _____
---	---

Please complete the second page with detailed and descriptive specifications or attach a PDF or Word file to be used as the official description, scope of work, and specifications that will be given to vendors.

Authorized Signature Print Name Date Requested

Suggested Vendors

Vendor Name	Contact Person	Email Address	Telephone #	Fax #

***THE COLLEGE OF NEW JERSEY
REQUEST FOR QUOTATION***

List below specifications to be the official description given to vendor:

Item No.	Detailed and Complete Description of All Items/Services