



## Request for Quotations

Vendor Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Vendor: Please provide price quotes for the item(s) listed below. St. John's University permits no substitutions unless expressly stated. All quotations must include shipping and delivery and exclude Federal Excise Taxes (Section 501 c (3), I.D. No. 11-1630830) and New York State Sales Tax (Tax Exempt. No. EX 127864). If the quotation is for furniture or equipment, all quotations must include setup, installation and inside delivery.

| Item No. | Quantity | Unit of Issue | Product Description<br>(Including Manufacturer's Number if known) | Unit Price            | Extension |
|----------|----------|---------------|---|-----------------------|-----------|
| 1        |          |               |   |                       |           |
| 2        |          |               |   |                       |           |
| 3        |          |               |   |                       |           |
| 4        |          |               |   |                       |           |
| 5        |          |               |   |                       |           |
| 6        |          |               |   |                       |           |
|          |          |               |   | Shipping and Handling |           |
|          |          |               |   | Total                 |           |

**SPECIAL INSTRUCTIONS FOR VENDOR:** Please provide quote A.S.A.P.

VENDOR: If your firm has been certified in one of the following business categories, please **check the appropriate category** and **fax this form along with documentation of your certification back to the Purchasing Office at (718) 990-2014:**

Minority-Owned

Women-Owned

Small

Disadvantaged

Local Business Enterprise

## ST. JOHN'S UNIVERSITY CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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IF YOU DO NOT RECEIVE ALL PAGES PLEASE CONTACT US IMMEDIATELY.