

**ORAL BID FORM**

Note: This form is required when a purchase from a vendor is over \$250.00. Each organization/department must submit an oral bid form for purchases over the cost of \$250.00. Note: All documentation (ex. Quotes) for vendors listed below must accompany the Oral Bid Form.

**Name of Organization/Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>VENDOR</b> (Name, Address, Telephone Number, Contact Person)	<b>ITEM DESCRIPTION</b> (Model Name, Number, etc.)	<b>QUANTITY</b> <b>REQUESTED</b>	<b>ITEM PRICE</b>	<b>TOTAL</b> <b>PRICE</b>

**Selected Vendor:** \_\_\_\_\_ **Selected Amount \$** \_\_\_\_\_

**SC Officer/CSIL/Department Designee** \_\_\_\_\_  
 (Signature)