

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: _____

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

Selected Vendor: _____ **Selected Amount \$** _____

SC Officer/CSIL/Department Designee _____
 (Signature)