

DOUGLAS COUNTY SCHOOL SYSTEM
TELEPHONE QUOTE SHEET

				Supplier		Supplier:		Supplier		Supplier	
Requisition Number:											
Recommended Vendor:				Phone:		Phone:		Phone:		Phone:	
				Contact		Contact		Contact		Contact	
				Date:		Date:		Date:		Date:	
Item	Description	Qty.	UOM	Unit Price	Total	Unit Price	Total	Unit Price	Total	Unit Price	Total
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F.O.B. Destination or Freight (Not to Exceed)											
Total					-		-		-		-
Terms* (Enter Payment Terms as Quoted)											
Delivery Time											

*Terms must be no less than Net 30 Days.

Bids Acquired by: _____

Date _____