

# REQUEST FOR QUOTATION



**TO:** \_\_\_\_\_  
*COMPANY NAME*

**ATTENTION:** \_\_\_\_\_

**COMPANY FAX NUMBER:** \_\_\_\_\_

**DATE QUOTE NEEDED BY:** \_\_\_\_\_

ITEM	QUANTITY	UNIT	DESCRIPTION	DELIVERY TIME ARO	UNIT COST INCL SHIPPING	EXTENSION

**QUOTATION VALID FOR \_\_\_\_\_ DAYS**

**Freight Terms: FOB Destination**

Subtotal	
Applicable Tax	
Shipping	INCLUDED
<b>TOTAL</b>	

**The Successful Vendor may be required to provide a certificate of insurance naming MCCD as an Additional insured**

**SIGNATURE OF COMPANY REP:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DELIVERY SITE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX QUOTATION TO:** \_\_\_\_\_