REQ NUMBER: _____ **AWARDED VENDOR NAME**(S): _____ **AWARDED VENDOR NUMBER(S):** _____ **FY** ___

POSITIVE APPROVAL REQUIRED? YES ( ) NO ( ) **DUE DATE:** _____

SIMPLIFIED BID SUMMARY SHEET

INSTRUCTIONS: INDIVIDUALS OBTAINING BIDS SHOULD TELL THE VENDORS THEY ARE UNIVERSITY EMPLOYEES SEEKING COMPETITIVE BIDS. AN INSURANCE CERTIFICATE MAY BE REQUIRED. YOU ARE REQUIRED TO OBTAIN AT LEAST THREE BIDS AND ONE BEING FROM A MINORITY VENDOR. SEE PURCHASING WEBSITE FOR MBE DIRECTORY.

BID OBTAINED BY/DATE: _____/_____ ABSTRACT COMPLETED BY/DATE: _____/_____ AWARD APPROVED BY/DATE: _____/_____

MBE=MINORITY BUSINESS ENTERPRISE SW=SHELTERED WORK CENTER		**MBE ( ) SW ( )**			**MBE ( ) SW ( )**			**MBE ( ) SW ( )**			**MINORITY VENDOR** **(√ if MBE provider not available)**		
VENDOR NAME													
TELEPHONE #													
FAX TELEPHONE #													
VENDOR CONTACT NAME													
INITIAL CONTACT DATE/BID REC'D DATE													
DESCRIPTION	QTY	ALT (X)	UNIT PRICE	TOTAL PRICE	ALT (X)	UNIT PRICE	TOTAL PRICE	ALT (X)	UNIT PRICE	TOTAL PRICE	ALT (X)	UNIT PRICE	TOTAL PRICE
			$_____	$_____		$_____	$_____		$_____	$_____		$_____	$_____
			$_____	$_____		$_____	$_____		$_____	$_____		$_____	$_____
			$_____	$_____		$_____	$_____		$_____	$_____		$_____	$_____
FREIGHT F.O.B. (D)?		$_____			$_____			$_____			$_____		
RECIPROCITY, MINORITY PREFERENCE CALCULATION (if applicable)		$_____			$_____			$_____			$_____		
BID TOTAL		$_____			$_____			$_____			$_____		
*DELIVERY DATE													

ADDITIONAL COMMENTS OR JUSTIFICATION: _____

SIMPLIFIED BID SUMMARY SHEET

VENDOR NAME											MINORITY VENDOR (√ if MBE provider not available)		
DESCRIPTION	QTY	ALT (X)	UNIT PRICE	TOTAL PRICE	ALT (X)	UNIT PRICE	TOTAL PRICE	ALT (X)	UNIT PRICE	TOTAL PRICE	ALT (X)	UNIT PRICE	TOTAL PRICE