

Bid/Quote Tabulation Summary

Procurement Office

Forward completed form to purchasing@cscs.edu at the time a requisition is created.

GOODS OR SERVICES BID: _____

REQUISITION NUMBER: _____

DURATION OF CONTRACT: _____

PROJECT I.D. (IF APPLICABLE): _____

VENDOR NAME	BID AMOUNT	SHIPPING	TOTAL SCORE	RANKING

WITNESS

WITNESS

WITNESS

DATE: _____

DATE: _____

DATE: _____