RECORD OF TELEPHONE PRICE QUOTATIONS

State Form 43464 (R3 / 12-97)
Approved by State Board of Accounts 1998

Name of facility / institution				UNIT COST		
QUANTITY	ITEM AND NUMBER	BRAND	DESCRIPTION	VENDOR NUMBER 1	VENDOR NUMBER 2	VENDOR NUMBER 3
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

JUSTIFICATION FOR SELECTING A VENDOR

1. Name of vendor	Minority? ☐ Yes ☐ No	Name of contact person
Address (street, number or rural route)		Telephone number ( )
City, state and ZIP code		Date contacted (month, day, year)

2. Name of vendor	Minority? ☐ Yes ☐ No	Name of contact person
Address (street, number or rural route)		Telephone number ( )
City, state and ZIP code		Date contacted (month, day, year)

3. Name of vendor	Minority? ☐ Yes ☐ No	Name of contact person
Address (street, number or rural route)		Telephone number ( )
City, state and ZIP code		Date contacted (month, day, year)

Name of person receiving price quotations