

# PURCHASE ORDER VENDOR BID FORM



DATE: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_

ITEM(S) REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VENDOR NAMES	AMOUNT OF BID
#1: _____	\$ _____
#2: _____	\$ _____
#3: _____	\$ _____

VENDOR BID # ACCEPTED	AMOUNT OF THE BID
_____	\$ _____

All purchases of individual items or services costing from \$100.00 to \$500.00 require three telephone bids. Items costing \$500.00 and over require three documented written bids on vendor stationary that will be attached to this Vendor Bid Form.