



Form 3201 FR.02
Request for Quotations

YALE UNIVERSITY
PURCHASING DEPARTMENT
 P.O. BOX 208233
 NEW HAVEN, CT 06520-8233
REQUEST FOR QUOTATIONS

Supplier Address:

Buyer:

Requisition No.:

Date:

Quotation must be in by:

Phone #:

Fax #:

Email Address:

Please quote your lowest price F.O.B. Yale University, New Haven, CT for the item(s) specified below. No charge will be allowed for packing or cartage. If you cannot quote on the item(s) listed and wish to substitute goods of equal quality, give complete description of proposed substitution.

Yale University reserves the right to accept or reject all or part of this proposal. Prices must be firm. Return one copy to the attention of the buyer and retain duplicate.

TAX EXEMPT

ITEM	QUANTITY	BRAND	MODEL #	UNIT PRICE	TOTAL

NOTE: Send specification cut sheet along with quote. **Grand Total: \$** _____

WE QUOTE YOU AS ABOVE

THIS IS NOT AN ORDER

Availability:

Date Shipment Can be Made:

Return Policy:

Shipment Via:

Standard Warranty Options:

Shipping Costs:

Extended Warranty Options:

Terms:

Name of Firm:

Phone #:

By: _____
 Individual (Signature)

Date: _____