QUOTATION TABULATION FORM

LOUISIANA TECH UNIVERSITY

Department Information:		VENDOR	VENDOR	VENDOR
Date_____	Firm Name			
Department_____	Street/Box			
Charge Code_____	City, State			
Contact Person_____	Telephone No.			
Requisition #_____	Facsimile No.			
Person calling from Dept.	Person Quoting			
Date: Time:	Terms/Delivery			
	*FOB (Destination)			

Item No.	Specifications (not brand name only)	Quantity	Unit Price	Total Amount	Unit Price	Total Amount	Unit Price	Total Amount