STATE OF SOUTH DAKOTA

REQUEST FOR QUOTE

Company Name:	Agency Name:
Sent To:	Sent By:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:

INSTRUCTIONS:

1. Please provide a price quote via fax, email or regular mail for the item(s) specified below.
2. Use this form to respond to this request. Failure to use this form may result in rejection of a vendor's quote.
3. Responses for the items indicated must be returned by no later than the date and time indicated.
4. Unless otherwise indicated, all prices offered must be FOB Destination, with all transportation and handling charges paid by the vendor.
5. The State of South Dakota's terms and conditions govern this RFQ. The State's terms and conditions can be found at http://www.state.sd.us/boa/opm/Downloads/QuoteTerms.pdf. Deviations from, or additions to, these terms are attached.

Quote Required By (Date & Time):	Buyer:	Buyer Phone:	Buyer Fax:	Buyer E-Mail:

Required Delivery Date:	Ship to Address:	City:	State:	Zip Code:

Vendor Quote

ITEM NO.	QTY	UNIT	SPECIFICATIONS	UNIT PRICE	TOTAL PRICE

Vendor's Proposed Delivery Time:	Vendor Quote Number:		**Total Price→**
Vendor:	Quote Good For Days		Federal I.D./Social Security #
Street Address:			P.O. Box
City:	State:	Zip Code:	Telephone Number:
Type or Print Name of Person Signing Quote:		Type or Print Title of Person Signing Quote:	
Authorized Signature:			