



CISD VERBAL QUOTE FORM

(Small Item Quotes)

Instructions: Follow these instructions below before placing a call to obtain a quote. The Purchasing Department recommends that you obtain written quotes based on the value of the award:

<\$3,499.99 1 Quote
\$3,500.00 to 3 Quotes
\$24,999.99

You may get multiple quotes for purchases under \$25,000 if you desire. If the vendor cannot provide the quote over the phone immediately, and needs time to provide it, always provide the vendor(s) with a deadline (day/time) to submit their quote. To ensure you receive three quotes, it is advised that you solicit four or five quotes to ensure receiving an adequate number.

1. When obtaining a quote, ask the vendor if they are quoting under a cooperative (coop) agreement or using an Interlocal agreement and if so, check the appropriate box below for each vendor quoting.
2. Use the script below for assistance in obtaining your quote.
3. If the vendor chooses to fax or email the quote on their form or in the body of an email, the name of the coop must be listed on the quote.

SAMPLE SCRIPT

*“My name is _____ and I am calling from Canutillo Independent School District. I would like to obtain a quote for the following items (describe the items and quantity per item #). Please be sure to ask for quantity breaks, if you have quantities of 5 or more. Can you assist me? If the vendor is under multiple coops, ask for the coop offering the lowest price to the District and then check the coop box below. **Have the vendor provide you with the COOP Program & COOP contract #.**”*

PRICING BASED ON

SELECT ONE COOPERATIVE LISTED BELOW (only if applies):

BUYBOARD
 DIR
 TCPN
 TIP/TAPS
 TXMAS
 Region 19
OTHER _____ NOT APPLICABLE

Item/Model #	Quantity	Description of Service /Item	Unit Cost	Extended Cost
<i>TOTAL PROJECT/ITEM COST</i> →				
<i>Identify Shipping Cost if not included in price of goods</i>				

IS FREIGHT/SHIPPING INCLUDED IN THE PRICING? YES NO \$ _____ N/A

Today's Date: _____ Quote # if applicable _____

VENDOR'S CONTACT INFORMATION (should match vendor packet information)

Vendor Name: _____ Address: _____

Email: _____ Phone #: _____

Vendor Rep. providing quote: (Print) _____ Fax #: _____

YOUR CISD EMPLOYEE CONTACT INFORMATION

Your Name: _____

Campus/Department: _____ Phone#: _____