STATE OF NORTH CAROLINA - INFORMAL QUOTE REQUEST FORM

PAGES 1 - 2 TO BE FILLED OUT BY BUYER ONLY

OVERVIEW

*ENTITY: _____

*REQUEST FOR QUOTE #: _____

*QUOTE TITLE: _____

*DATE REQUESTED: _____ *RESPONSE DUE BY: _____

BUYER INFORMATION

*BUYER NAME: _____ POSITION: _____

*EMAIL: _____ *PHONE: _____

DELIVERY INFORMATION

*ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

*CITY: _____ *STATE: _____ *ZIP: _____

DELIVERY NEEDED BY: _____

DELIVERY NOTES:

SUBSTITUTE PRODUCTS OF EQUAL QUALITY ARE ACCEPTABLE: YES ○ NO ●

ADDITIONAL NOTES FROM BUYER:

INSTRUCTIONS FOR BUYER

As the Buyer, you will only fill out fields on Pages 1 and 2 of this form. Boxes on Page 1 outlined in red are required fields and are intended to tell the Vendor about the background of your request. On Page 2, you can list details about the specific items to which you'd like the Vendor to respond with prices. Some of those fields will automatically populate onto pages 3 and 4, guiding the Vendor's response. Once all required and any additional fields have been completed, please save this PDF and send it via email to any Vendors you'd like to respond to this informal quote request.

To request pricing on 10 or more items, please complete Page 1 on this form then fill out the **Informal Quote Request Attachment** found **HERE** (Excel Document -- detailed instructions included within) before summarizing the entire request in Item #1 on Page 2 of this document and sending both files to the vendor.

If any or all parts of this quote are accepted by the State of North Carolina, an authorized representative of this agency shall affix his/her digital signature below and this document and all provisions of this Request for Quote along with the Vendor response and the written results of any negotiations shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

NOTE: This form is for non IT-related purchases ONLY. For more information on IT-related purchases, please see the resources provided by NC DIT **HERE**.

ONLY SIGN TO THE RIGHT ONCE QUOTE HAS BEEN AWARDED

By signing the box to the right, it is acknowledged that this offer is accepted and a contract is awarded as indicated by the included certification.

Digitally signing to the right will lock this document to editing. Only the signer can unlock it by right-clicking in the signature box and selecting "Clear Signature" if the box was signed prior to awarding the quote.

BUYER ITEM REQUEST SECTION

***ITEM #1 TITLE:** _____

***ITEM #1 DESCRIPTION:**

*QUANTITY: _____

*UNIT: Each

*GOOD/SERVICE: _____

ITEM #2 TITLE: _____

ITEM #2 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

ITEM #3 TITLE: _____

ITEM #3 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

ITEM #4 TITLE: _____

ITEM #4 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

ITEM #5 TITLE: _____

ITEM #5 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

ITEM #6 TITLE: _____

ITEM #6 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

ITEM #7 TITLE: _____

ITEM #7 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

ITEM #8 TITLE: _____

ITEM #8 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

ITEM #9 TITLE: _____

ITEM #9 DESCRIPTION:

QUANTITY: _____

UNIT: Each

GOOD/SERVICE: _____

STATE OF NORTH CAROLINA - VENDOR RESPONSE SECTION

PAGES 3 - 4 TO BE FILLED OUT BY VENDOR ONLY

INSTRUCTIONS FOR VENDOR

1. As the Vendor, fill out your basic information on this page in the Vendor Information box below. Any boxes outlined in red are required fields. The "Vendor Response Tabulation" section will automatically fill with information calculated on Page 4.

2. Once you've entered the required information, go to Page 4 and respond to the Buyer's request(s) by entering your price in the blue box. Calculations will automatically populate when applicable. Please also add in any shipping or tax costs in the "Vendor Response Tabulation" section on Page 4. If the item you are quoting is a substitute item (as long as the Buyer indicated on Page 1 that they will accept substitutes), please check the box below that item and provide substitute Manufacturer and Model information next to that, and anything else in the "Additional Notes From Vendor" section on Page 3.

3. When you have reviewed your responses for accuracy and added any additional notes for the Buyer to consider on Page 3, read the Terms & Conditions linked at the bottom of Page 4 and electronically sign the document to indicate that you understand them.

4. Please return this form to the Buyer by the "Response Due By" date indicated on Page 1. If you experience any technical difficulties prohibiting you from filling out this form electronically, you may print this form, fill the fields manually, and sign and date the document before returning it to the buyer.

NOTE ABOUT ADOBE ACROBAT READER

Please note that to utilize this form in its greatest capabilities as a fillable Portable Document Format (PDF), you must have the Adobe Acrobat Reader. If you do not have this software available on your computer, please download the free version by clicking on this Download it Now link.

VENDOR INFORMATION

*VENDOR: _____

*CONTACT NAME: _____ POSITION: _____

*EMAIL: _____ *PHONE: _____

*ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

*CITY: _____ *STATE: _____ *ZIP: _____

VENDOR RESPONSE TABULATION

This section will auto-populate from a similar section on page 4

TOTAL PRICE FOR QUOTED ITEMS: $ 0.00

QUOTE EXPIRES: _____ SHIPPING COST (IF APPLICABLE): _____

SHIPPING METHOD: _____ TAX (IF APPLICABLE): _____

GRAND TOTAL: $ 0.00

ADDITIONAL NOTES FROM VENDOR:

RFQ #: _____ QUOTE TITLE: _____

VENDOR ITEM RESPONSE SECTION

	ITEM	QTY	UNIT	PRICE	EXTENDED PRICE
ITEM #1:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #2:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #3:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #4:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #5:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #6:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #7:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #8:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	
ITEM #9:					$ 0.00
SUBSTITUTE ITEM: ☐	MFR & MODEL:			G/S:	

VENDOR RESPONSE TABULATION

TOTAL PRICE FOR QUOTED ITEMS: $ 0.00

QUOTE EXPIRES: _____

SHIPPING COST (IF APPLICABLE): _____

SHIPPING METHOD: _____

TAX (IF APPLICABLE): _____

GRAND TOTAL: $ 0.00

TERMS AND CONDITIONS

The State of North Carolina Terms and Conditions (T&Cs) apply to this purchase. By signing this form electronically or manually, you are agreeing to the T&Cs available HERE as stated by the Division of Purchase and Contract. No additional T&Cs that may be attached to your response will be considered. Please contact the purchaser if you have questions.

***I have read and understood the above Terms and Conditions:**

Digitally signing to the right will lock all fields on this document to editing with the exception of the "Buyer Signature" box on Page 1. Do not sign until you are finished with all response information.

The signer can unlock it by right-clicking in the signature box and selecting "Clear Signature" to reopen the editable fields if necessary.**

RFQ #: _____ QUOTE TITLE: _____