CHARTERED STUDENT ORGANIZATION
PRICE QUOTE FORM

_____ _____ _____
Today's Date Name of CSO Date of event

Vendor Name: _____ Vendor Contact Person: _____

Vendor Address: _____ Vendor Phone Number: _____
_____

ITEM DESCRIPTION	QUANTITY	COST PER ITEM	TOTAL AMOUNT	PURPOSE OR USE OF ITEM(S) TO BE PURCHASED
	GRAND TOTAL FOR PURCHASE		$	

☐ CSO will pick up item(s) from vendor and will show proof of receipt.

☐ CSO will be make arrangements to have item(s) delivered to CNM Main Campus.
Date: _____ Time: _____ Location: _____

Agency Account Number: _**8001**_-_____ 1010 Account Number: _**1010**_-_____

_____ _____
Printed Name of CSO *Officer* Obtaining Quote Signature of CSO *Officer* Obtaining Quote

(_____)_____ _____
Phone Number of CSO *Officer* Obtaining Quote CNM E-mail of CSO *Officer* Obtaining Quote

_____ _____
Printed Name of CSO *Advisor* Approving Quote Signature of CSO *Advisor* Approving Quote

_____ _____
Signature of the Student Activities Representative Signature of the Dean of Students

BLS 1/03/2011