U of A PLANT PATHOLOGY
BID INFORMATION SHEET- FORM B

NOTE: The U of A requires ALL information on this form to be completed

PLEASE PROVIDE ALL VENDOR INFORMATION

Name: _____

Address: _____

_____

Phone #: _____

Fax #: _____

Web Site: _____

Quote #: _____

Date of Quote: _____

Estimated Cost: $_____

Freight Amount: $_____

Contact Person: _____

Contact Phone #: _____

FOB Point: ____ Origin ____ Destination

Maximum Days for Delivery: _____

Catalog/Item Number	Quantity	Unit (ea, ml, etc.)	Item Description	Unit Price	Total Price

_____ _____ _____ _____

Requested By | Phone | Approved By | Date