

BID AUTHORIZATION FORM

DATE: _____

This form must be attached to your Purchase Order or Purchase Card Statement.

SCHOOL/DEPT: _____ NAME: _____ PO# _____ CHECK # _____

ITEM #	DESCRIPTION OF ITEMS BEING ORDERED (Include Brand, Model, and Specifications)	QUANTITY
1		
2		
3		
4		

CHECK ONE BOX BELOW**STATE CONTRACT VENDOR**

VENDOR _____

STATE CONTRACT NUMBER _____

SOLE SOURCE VENDOR - SELECT FROM LIST BELOW

VENDOR _____

SOLE SOURCE VENDOR - NOT LISTED ABOVE

1. Complete Sole Source Justification box below.
2. Enter Vendor Information on VENDOR #1 BELOW

PURCHASING DEPARTMENT SIGNATURE

SOLE SOURCE JUSTIFICATION**VENDOR BIDS**

VENDOR #1 _____ CONTACT PERSON _____ PHONE # _____

ITEM # ABOVE	UNIT PRICE	PLEASE LIST ANY VARIATIONS TO THE DESCRIPTION OF ITEMS LISTED ABOVE
1		
2		
3		
4		

DATE _____

VENDOR #2 _____ CONTACT PERSON _____ PHONE # _____

ITEM # ABOVE	UNIT PRICE	PLEASE LIST ANY VARIATIONS TO THE DESCRIPTION OF ITEMS LISTED ABOVE
1		
2		
3		
4		

DATE _____

ADDITIONAL COMMENTS

OFFICE USE ONLY