



7 - 2 CHARLES COUNTY PUBLIC SCHOOLS COMPETITIVE PRICE QUOTE FORM
(This form must be attached to all requisitions with totals between \$2,500 and \$24,999.99)

SCHOOL/DIVISION: _____ REQUISITION # _____

CONTACT PERSON: _____ PHONE EXT. _____

CHOICE	VENDOR'S/CONTRACTOR'S NAME, ADDRESS, TELEPHONE AND FAX NUMBER, AND EMAIL ADDRESS	DESCRIPTION OF PURCHASE (List individual items, if applicable, and attach another sheet, if necessary)	UNIT PRICE	TOTAL PRICE
1.	Contact Person:			
2.	Contact Person:			
3.	Contact Person:			

AUTHORIZED SIGNATURE

DATE

If you are requesting a waiver or have selected other than the lowest quote, please provide an explanation:

APPROVAL FOR EXCEPTION TO LOW QUOTE AWARD:

DATE _____
ASSISTANT SUPERINTENDENT OF FISCAL SERVICES
OR DEPUTY SUPERINTENDENT/ SUPERINTENDENT