

Small Purchase Request for Quotation

To (Name & Address of Vendor/Consultant):

From (Name & Address of Grantee/Purchasing):

Date:

The City/Town of _____ is seeking _____

The procurement of these products/services is required for the implementation of _____

If Interested, please complete the information below, and submit it by _____

For additional information, contact _____ at _____

Item/Service (Completed by Grantee)	Quantity (Completed by Grantee)	Description (Completed by Grantee)	Unit Price (Completed by Vendor)	Total Amount (Completed by Vendor)

Additional Information:

Signature of Vendor/Consultant:

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