

ACCD QUOTE SUMMARY SHEET

Requisition N ^o _____	Prepared By: _____
V1 Name _____ <input type="checkbox"/> HUB Phone # _____ City/State _____ Contact Person _____ Date _____	V4 Name _____ <input type="checkbox"/> HUB Phone # _____ City/State _____ Contact Person _____ Date _____
V2 Name _____ <input type="checkbox"/> HUB Phone # _____ City/State _____ Contact Person _____ Date _____	V5 Name _____ <input type="checkbox"/> HUB Phone # _____ City/State _____ Contact Person _____ Date _____
V3 Name _____ <input type="checkbox"/> HUB Phone # _____ City/State _____ Contact Person _____ Date _____	Comments/Findings: _____ _____ _____ _____

QUOTE DEADLINE:		QTY.	UNIT COST				
ITEM	DESCRIPTION		V1	V2	V3	V4	V5
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	INSIDE DELIVERY	1					
12	SHIPPING	1					
TOTALS							

Senior Purchaser/Purchaser: _____	Date: _____
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