

SUU Equipment/Supplies/Service Bid Request Form

Date: _____ Department Name: _____

Proposed Name of Bid: _____

Requestor Information: Name: _____ Phone: _____

Email: _____

Technical Contact Info: Name: _____ Phone: _____

Email: _____

Budget (budgetary quote(s) if possible): Amount: _____ See Attached:

Funding Source (Acct. or Index): _____

Expected Delivery/Contract Date: _____

Specifications and/or Quantities (If more space is needed, please attach/include supporting documents)

Please list 3 preferred vendors/companies: Include a valid email and phone number

*If the department is unwilling to use a specific vendor, please do not list them.

*Bids can take up to 15 business days to completely process and return to the department.

This purchase and available funds have been reviewed and approved by:

Supervisor Signature: _____ Date: _____

*All purchases of 50k and above, should be signed by one of the following:

Vice President - Dean - President - Provost