

FAXBACK

PRICE QUOTE

Issue Date: _____ Respond by _____ @ _____ est Reference: _____

VCU reserves the right to reject quotations received after the stated due date & time

VIRGINIA COMMONWEALTH UNIVERSITY
 Department Name: _____
 P O Box _____
 Richmond, VA 23____-____
 Fax No.: 804-____-____

BIDDER: _____
 FIRM: _____
 FAX NO: _____

Refer Questions To: _____ @ 804-____ -

TERMS AND CONDITIONS

This solicitation is subject to:

- the provisions of the Commonwealth of VA Purchasing Manual for Institutions of Higher Education,
- the General Terms and Conditions NOTE: Firms are required to register in eVA prior to award. See provision "X." in General Terms and Conditions.

These documents can be accessed electronically at <http://www.vcu.edu/procurement>

Award: The right is reserved to make an award on a line item, group, or total sum basis.

- () Brand Name or Equal: Bidder is not restricted to the specific brand name, but if an equal is quoted, sufficient descriptive literature must be faxed with the quote.
- () Proprietary: Quotes will only be accepted for exact brand and model listed.

Drug-free Workplace: During the performance of this contract, the contractor agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every sub-contract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

DESCRIPTION OF ITEM/SERVICE	QTY	UNIT PRICE	TOTAL PRICE
1. _____	ea	\$ _____	\$ _____
2. _____	ea	\$ _____	\$ _____
3. _____	ea	\$ _____	\$ _____

DELIVERED TOTAL: \$ _____

Delivery: State your earliest FIRM delivery or performance date: _____ calendar days after receipt of order. This date may be a factor in making the award.
DELIVERY IS FOB DESTINATION

Bidder Signature: _____ **Name (printed):** _____
Name of Firm (printed): _____
Address: _____
Telephone No: _____
FEI/FIN NO.: _____ **DUNS NO.:** _____
EMAIL Address: _____ **DATE:** _____
 NO BID: (reason) _____
MINORITY-OWNED BUSINESS: Yes No **Women-Owned:** Yes No