

# 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