

Small Purchase Quotation Form
Fluvanna County Offices
P.O. Box 540
Palmyra, Virginia 22963

Date: _____

Requesting Dept.: _____

Vendor 1 Information

Company _____
Address _____
City _____
State _____ Zip Code _____
Phone Number _____
Fax Number _____
Contact Name _____
E-mail _____
Quotation. Number _____
Quotation Date _____
Delivery Date _____

Vendor 2 Information

Company _____
Address _____
City _____
State _____ ZIP Code _____
Phone Number _____
Fax Number _____
Contact Name _____
E-mail _____
Quotation. Number _____
Quotation Date _____
Delivery Date _____

Vendor 3 Information

Company _____
Address _____
City _____
State _____ ZIP Code _____
Phone Number _____
Fax Number _____
Contact Name _____
E-mail _____
Quotation. Number _____
Quotation Date _____
Delivery Date _____

Vendor 4 Information

Company _____
Address _____
City _____
State _____ ZIP Code _____
Phone Number _____
Fax Number _____
Contact Name _____
E-mail _____
Quotation. Number _____
Quotation Date _____
Delivery Date _____

Quotation Information

Description of Services/Products:	
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Intended Use:	
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Delivery Terms _____

Payment Terms _____

Pricing is guaranteed for thirty days (30) from the date pricing is submitted

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Vendor 1 Quotation			
Description of Goods/Services	Qty	Cost	Amount
Total Cost:			

Vendor 2 Quotation		
Qty	Cost	Amount
Total Cost:		

Vendor 3 Quotation		
Qty	Cost	Amount
Total Cost:		

Vendor 4 Quotation		
Qty	Cost	Amount
Total Cost:		

Vendor 1 Labor Quote				
Description	Type	Hours	Cost/Hour	Amount
	Regular			
	Overtime			
Total Labor:				
Grand Total:				

Vendor 2 Labor Quote		
Hours	Cost/Hour	Amount
Total Labor:		
Grand Total:		

Vendor 3 Labor Quote		
Hours	Cost/Hour	Amount
Total Labor:		
Grand Total:		

Vendor 4 Labor Quote		
Hours	Cost/Hour	Amount
Total Labor:		
Grand Total:		

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