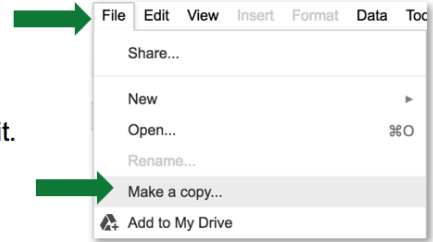


How to use this template:

This is a view-only file and cannot be edited.

Create your own copy of this template to edit.

In the menu, click **File > Make a copy...**



Request for Price



Quote Letter Sample Template

DATE	MM/DD/YY
VENDOR COMPANY NAME	Name
VENDOR CONTACT NAME	Name
VENDOR ADDRESS	123 Main Street
CITY, STATE	City, State
ZIP	12345

SUBJECT	[COMPANY NAME] REQUEST FOR QUOTE NO ABC-123
---------	---

Dear [VENDOR CONTACT NAME],

[COMPANY NAME] is interested in purchasing [GOODS OR SERVICES].

If you would like to submit a quotation, please complete the Request for Quote form to quote your unit prices and discounts for prompt payment. Submit the completed quotation to [ADDRESS].

Quotations are due by [DATE]. Email any questions to [NAME] at [EMAIL ADDRESS] no later than [TIME and DATE].

Sincerely,

[NAME]

NAME	
TITLE	
PHONE	
EMAIL	

1. REQUEST NUMBER	ABC-123
2. DATE ISSUED	MM/DD/YY
3. PURCHASE REQUEST NUMBER	12344
4. ISSUED BY	Krista Ahmed
5. FOR INFORMATION, CALL	(123) 456-2300
6. DELIVERY BY (DATE)	MM/DD/YY
7. DELIVERY TERMS	All items must be delivered within 30 calendar days from the date of the purchase order. All delivery charges must be included in the unit price
8. SHIP TO (CONSIGNEE AND ADDRESS)	The Seattle Clinic 123 Hill Ave. , Seattle, WA 98101

Please furnish quotations to the issuing office on or before the close of business.

9. PURPOSE					
10. SCHEDULE (Include applicable Federal, State, Local Taxes)					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	Surgical Masks	5,000	Box (50)	20.00	\$2,000
002	Nitrile Gloves (M)	10,000	Box (100)	15.00	\$1,500
003	Sterile Surgical Gowns	500	Each	12.00	\$6,000
004	Disposable Surgical Caps	2,000	Box (50)	10.00	\$400
005	Surgical Drapes	1,000	Each	8.00	\$8,000
11. DISCOUNT FOR PROMPT PAYMENT (%)	0				
12. 10 CALENDAR DAYS (%)	5%				
13. 20 CALENDAR DAYS (%)	3%				
14. 30 CALENDAR DAYS (%)	1%				
15. CALENDAR DAYS (%)					
16. NAME AND ADDRESS OF QUOTER	Seattle Medical Supplies Co. 9900 North Pacific Way, Seattle, WA 98103				
17. SIGNATURE OF PERSON AUTHORIZED TO SIGN / NEGOTIATE					
18. DATE OF QUOTATION					
19. NAME AND TITLE OF SIGNER					
20. PHONE NUMBER					

21. TERMS AND CONDITIONS

- The quotation must be valid for a minimum of 60 days from the due date.
- The supplier must provide a warranty for supplies delivered, guaranteeing they are free from defects in material and workmanship for a period of at least one year.
- No substitution of items is permitted without prior written approval.
- All supplies must comply with relevant industry standards and regulations.

DISCLAIMER

Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk.