

TOWN OF GREENFIELD PROCUREMENT QUOTE SHEET

TO BE USED FOR ALL PROCUREMENTS REQUIRING THREE QUOTES
MGL Chapter 30B – Chapter 687 of the Acts of 1989

A COPY OF THIS MUST BE KEPT IN YOUR RECORDS AND ONE SUBMITTED WITH THE REQUEST FOR PURCHASE ORDER AND/OR WITH THE INVOICE WHEN SUBMITTED FOR PAYMENT.

Attach a detailed description of the product and/or services and complete this for the three price quotes:

VENDOR #1 Quoted Price: _____ Date: ____/____/____

Vendor Name: _____ Phone: _____

Address: _____

Contact Person: _____

Notes: _____

VENDOR #2 Quoted Price: _____ Date: ____/____/____

Vendor Name: _____ Phone: _____

Address: _____

Contact Person: _____

Notes: _____

VENDOR #3 Quoted Price: _____ Date: ____/____/____

Vendor Name: _____ Phone: _____

Address: _____

Contact Person: _____

Notes: _____

Procurement Awarded To: _____

Reason: _____

I certify that the above information is correct.

Signed: _____
Department Head

Date: ____/____/____