

**Quotation Confirmation**  
 Indiana Department of Administration  
 Procurement Division

**Vendor:**

**Agency/Contact:**

**Any shipping/freight charges must be included in the per unit cost.**

**\*\*NOTICE:** All items must be submitted in accordance with the Request for Proposal (RFP) instructions. All items must be submitted in accordance with the Request for Proposal (RFP) instructions.

Line	Quantity	UOM	Item No/Description	(FOB Destination)	Unit Price	Extended Amt

<p><b>Representative Signature certifies no quotation/bid on this request has been submitted by officers, representatives or an affiliate of this firm under another name.</b></p>			<p><b>8 UNY</b></p>
<p><b>Vendor Signature</b></p>	<p><b>Printed Name</b></p>		
	<p><b>Job Title</b></p>		