

Small Purchase Request for Quotation

To (Name & Address of Vendor/Consultant):

From (Name & Address of Grantee/Purchasing

Date:

The City/Town of _____ is seeking (description of services) _____

The procurement of these products/services is required for the implementation of (type of project) _____

If Interested, please complete the information below, and submit it by (date) _____

For additional information, contact _____ at (phone number) _____

Item/Service (Completed by Grantee)	Quantity (Completed by Grantee)	Description (Completed by Grantee)	Unit Price (Completed by Vendor)	Total Amount (Completed by Vendor)

Additional Information:

Signature of Vendor/Consultant: