

BID DOCUMENTATION

FD1400# _____

FY _____

Minnesota State University, Mankato, Foundation, Inc.
WA236, Office of Business Affairs, Mankato, MN 56001 – 507.389.5595

FD3

Account Name _____ Account Number _____

Responsible Person _____ Phone Number _____

Item (s) to be Purchased (Describe the specification / qualification needed.)

VENDORS**VENDOR #1**

Company Name _____

Street _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone Number _____ Price Quote \$ _____

VENDOR #2

Company Name _____

Street _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone Number _____ Price Quote \$ _____

VENDOR #3

Company Name _____

Street _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone Number _____ Price Quote \$ _____

Approved Vendor _____ Purchase Price \$ _____

Justification if the lowest bid was not approved _____

My signature ensures that the three vendors listed above meet the specifications required and that the chosen vendor is the best possible choice available.

Responsible Person _____ Date _____

Foundation Accountant Authorization _____ Date _____

Distribution: Original with signatures – Foundation Accountant; Photocopy – Department

NOVEMBER 2001