

BID AUTHORIZATION FORM

DATE: _____

This form must be attached to your Purchase Order or Purchase Card Statement.

SCHOOL/DEPT: _____ NAME: _____ PO# _____ CHECK # _____

ITEM #	DESCRIPTION OF ITEMS BEING ORDERED (Include Brand, Model, and Specifications)	QUANTITY
1		
2		
3		
4		

CHECK ONE BOX BELOW

VENDOR _____

STATE CONTRACT NUMBER _____

VENDOR _____

SOLE SOURCE JUSTIFICATION

VENDOR #1 _____ CONTACT PERSON _____ PHONE # _____

ITEM # ABOVE	UNIT PRICE	PLEASE LIST ANY CARIATIONS TO THE DESCRIPTION OF ITEMS LISTED ABOVE
1		
2		
3		
4		

DATE _____

VENDOR #1 _____ CONTACT PERSON _____ PHONE # _____

ITEM # ABOVE	UNIT PRICE	PLEASE LIST ANY CARIATIONS TO THE DESCRIPTION OF ITEMS LISTED ABOVE
1		
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VENDOR #1 _____ CONTACT PERSON _____ PHONE # _____

ITEM # ABOVE	UNIT PRICE	PLEASE LIST ANY CARIATIONS TO THE DESCRIPTION OF ITEMS LISTED ABOVE
1		
2		
3		
4		

DATE _____

ADDITIONAL COMMENTS

OFFICE USE ONLY
