

Request for Quotes
Promotional Items, Student Activities 2016
21-2015/2016



Due: February 9, 2016 @ 2:00 PM, Local Time

Pensacola State College hereby extends an invitation to quote for the above referenced project for Pensacola State College, as specified in this quotation request. All terms and conditions, included hereafter, are part of this quotation request. Any quotation failing to comply with all of these terms and conditions may not be accepted. Rights are reserved to reject any and all quotations and to waive any and all technicalities.

Directions for submitting quotations include the following:

1. All quotations must be emailed to purchasing@pensacolastate.edu no later than the date and time indicated above and shall be clearly marked in the subject line indicating the above referenced Request for Quote.
2. Price, quality, specifications and time of guaranteed delivery will be determining factors in the awarding of this quotation. All quotation prices shall be F.O.B. Pensacola State College, shipping included. Quotations may be awarded or rejected at the discretion of Pensacola State College. Prices shall remain firm for 30 days. **All items shall be received by March 14, 2016.**
3. If equivalent products are offered, the manufacturer's name and model number shall be clearly indicated on the quotation form. Any item(s) offered as equivalent to that which is specified must be equivalent in quality of materials, workmanship, and effect and shall be corresponding in function and performance. Descriptive literature and/or complete specifications shall be included for any item(s) as approved equivalent(s). Quotations lacking any written indication of intent to quote an alternate product or brand will be considered to be in complete compliance with the specifications of the quotation form. Pensacola State College shall retain the right to determine the acceptability of any item(s) offered as equivalent to any item(s) specified. If available, please include a sample of the item or additional information on the item.
4. All quotations shall be submitted on the quotation form, herein included, and shall be properly signed by an authorized representative of the firm or entity submitting the quotation, with delivery or completion date clearly indicated, in order to be considered. Attach all amplifying instructions and documents to this quotation form.
5. In the event of an error in extending the total cost of any item, the unit price submitted will prevail. All Pensacola State College Purchase Order Terms and Conditions are incorporated herein by reference.

QUOTATION FORM

Quantity	Description	Price Per Each
500	Energize Charge-It Up Power Bank, 2200mAh Blue (1 Color logo)	\$
600	Ez-Click Auto-Open Umbrella, 48" white and navy (1 color logo)	\$
1750	Surge Hot/Cold Tumbler w/ Straw 18oz. , Blue (1 Color logo)	\$
2600	Mop Topper Stylus Pen, Blue, (1 Color Logo)	\$
1000	Bendy Friend Pen, Indigo Blue (1 Color Logo)	\$
2500	High Five Pen, Green (1 Color Logo)	\$
1000	Sports Watch Wristlet, Green (1 Color Logo)	\$
1250	Single Port Mini USB Car Charger, Blue (1 Color Logo)	\$
Total Price ALL		\$

Corporate Name		DBA Name (if applicable)	
Purchasing Address	Street/PO Box		City
	State		Zip
	Email Address		
Remit to Address	Street/PO Box		City
	State		Zip
	Email Address		
Contact Person	Name		Phone #
	Email Address		
Address of Parent Company (if applicable)	Street/PO Box		City
	State		Zip
Check applicable boxes for ownership of company <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Native American <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Disabled Veteran Attach current MBE/WBE Certifications			
_____ Authorized Agent Name			
_____ Signature		_____ Date	

REFERENCES

Bidder Name: _____

1. _____

COMPANY NAME

CONTACT PERSON

EMAIL ADDRESS

PHONE NUMBER

DATE OF LAST SERVICE PROVIDED

2. _____

COMPANY NAME

CONTACT PERSON

EMAIL ADDRESS

PHONE NUMBER

DATE OF LAST SERVICE PROVIDED

3. _____

COMPANY NAME

CONTACT PERSON

EMAIL ADDRESS

PHONE NUMBER

DATE OF LAST SERVICE PROVIDED