

Hallsville ISD
BEST VALUE DOCUMENTATION REQUEST

TEC 44.031 (a)(b), 44.033 (c)

Date: _____ **Requisition/PO #** _____

Requested By: _____ **Campus/Department:** _____

Quote Description: _____

Purpose of Request: _____

All written quotes are to be attached to this request form.

1. **Company Name:** _____ **Phone:** _____

Contact Person: _____ **Fax:** _____

Terms, Conditions and Delivery Terms: _____

Written Quote Received: Yes or No Purchase Price: \$ _____

2. **Company Name:** _____ **Phone:** _____

Contact Person: _____ **Fax:** _____

Terms, Conditions and Delivery Terms: _____

Written Quote Received: Yes or No Purchase Price: \$ _____

3. **Company Name:** _____ **Phone:** _____

Contact Person: _____ **Fax:** _____

Terms, Conditions and Delivery Terms: _____

Written Quote Received: Yes or No Purchase Price: \$ _____

Purchasing Agent or Business Manager Approval

Date Approved

Comments: _____