Window Rock Unified Sool District No. 8 Written Quote Summary Sheet

(minimum 3 written quotes required for items/services costing at least \$10,000 but less than \$100,000)

Use this form to summarize quotes received and to recommend vendor for award. Department/School Name: ___ Name of Person Obtaining Quotes: ______ Phone#: Signature of Person Obtaining Quotes: ___ **Item/Service Requested:** Note: If you are unable to obtain (3) quotes, contact the Business Office @ 928-729-6713. Three written quotes are required for purchases over \$9,999.00. Please attach quotes to this form. **Total Amount** No. Date **Vendor Name Contact Person Phone Number** Quoted Recommended Vendor: (If you are recommending other than low quote, you are required to provide written justification as to why low quote was not selected): **Business Manager:** ___ ___ Approved: Yes No Date: