

Competitive Price Quote Form

Office of Finance
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

GENERAL INFORMATION

This form must be attached to all requisitions totaling between \$7,500 and \$24,999.99 to comply with the requirements outlined in the MCPS Procurement Manual and Chapter 3 of the MCPS Financial Manual. To comply with the requirements outlined in the MCPS Procurement Manual and Chapter 3 of the MCPS Financial Manual, this form must be attached to all requisitions totaling between \$7,500 and \$24,999.99, for purchases that are not awarded through a formal solicitation.

PART I: REQUESTOR INFORMATION

The requestor should COMPLETE all information in Part I and Part II.

Office/School _____ Location/School No. _____ Date ____/____/____
 Director/Principal _____ Project Manager/Sponsor _____ Phone ____ - ____ - ____
 Financial Agent _____ Phone ____ - ____ - ____

PART II: QUOTE INFORMATION

Provide a brief description of the item or service being requested:

Please attach a copy of each quote received and a copy of the original request (i.e. email) to the vendor with this form.

*In cases where the item/service is awarded and approved by the Board of Education and multiple vendors are awarded, please submit the required number of quotes as outlined in the Summary of Contracts.

Quote #1 Company Name _____ Phone ____ - ____ - ____

Email: _____ Date Requested: ____/____/____ Date Received: ____/____/____ Quote Amount: \$ _____

Quote #2 Company Name _____ Phone ____ - ____ - ____

Email: _____ Date Requested: ____/____/____ Date Received: ____/____/____ Quote Amount: \$ _____

Quote #3 Company Name _____ Phone ____ - ____ - ____

Email: _____ Date Requested: ____/____/____ Date Received: ____/____/____ Quote Amount: \$ _____

Minority Business Enterprise (MBE) Yes No If yes, please select one:

Asian American African American Hispanic Native American Female Disabled

If you request a waiver instead of three quotes or a vendor has been selected other than the vendor offering the lowest quote, please provide a detailed explanation below.

SIGNATURES

Location Name _____ Location No. _____ Phone ____ - ____ - ____

Principal/Director (printed) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my signature.

Principal/Director _____ Date ____/____/____

*Also required if using Independent Activity Funding (IAF), please complete the MCPS [Form 281-55](#).