LOUISIANA TECH UNIVERSITY - TELEPHONE QUOTATION TABULATION FORM

DEPARTMENT INFORMATION:		FIRM INFORMATION:	VENDOR	VENDOR	VENDOR
Date:		VENDOR NAME			
Department		Address			
Charge Code		City			
Contact Person		State			
Phone #		Phone #			
Fax # Email		Fax #			
Requisition #		Representative			
Person Calling from Department		Terms/Delivery			
Date:		FOB			
Time:					

Item No.	Specifications (no brand name only)	Quantity	Unit Price	Total Amount	Unit Price	Total Amount	Unit Price	Total Amount