



SOUTHEASTERN LOUISIANA UNIVERSITY
Hammond, LA 70402

REQUEST FOR COMPETITIVE FAX QUOTATION

NUMBER OF PAGES FAXED (including cover): _____ DATE QUOTE FAXED: _____
SLU DEPT NAME: _____ FAX RETURN DATE: _____
SLU CONTACT NAME: _____ FAX RETURN TIME: _____
TELEPHONE NO: 985-549-_____ FAX NO. 985-549-_____

INSTRUCTIONS / GENERAL CONDITIONS

1. Quotations for furnishing the items and/or services specified, subject to the conditions stated herein and/or attached hereto, are hereby invited and will be received by the department stated above, until the specified due date and time. **QUOTES ARE TO BE SIGNED.**
2. **ALL PRICES MUST BE FIRM AND ARE TO BE QUOTED COMPLETE AND FOB SOUTHEASTERN, HAMMOND, LA, INCLUSIVE OF ANY DELIVERY/FREIGHT/HANDLING CHARGES**, unless otherwise stated by the University. **Bids other than FOB SOUTHEASTERN may be rejected. Any invoiced shipping/freight/handling charges that are not quoted are subject to rejection and non-payment.**
3. Quotations shall be binding for 30 calendar days from due date, unless otherwise specified.
4. Do not include State or Local Sales Tax; same will be added if applicable.
5. University payment terms are Net 30 days.
6. The University reserves the right to award the order by individual items, related items, or by total, whichever it deems to be in its best interest and the University also reserves the right to reject any and all quotations and to waive informalities.
7. Unless otherwise called for in the specifications, all products are to be new, current model, and of best quality as measured by acceptable standards of the trade, and any defects in any product may cause its rejection. WHEREVER MANUFACTURER'S TRADE OR BRAND NAMES APPEAR IN THE SPECIFICATIONS, IT IS TO BE ASSUMED THAT EQUAL PRODUCTS WILL BE CONSIDERED UNLESS OTHERWISE SPECIFIED BY THE UNIVERSITY. ANY BIDDER PROPOSING EQUAL PRODUCTS IS TO SUBMIT WITH QUOTATION COMPLETE INFORMATION, INCLUDING SPECIFICATION AND PICTURES DEPICTING PROPOSED EQUALS. QUOTATIONS NOT SPECIFYING BRAND NAME AND MODEL NUMBER SHALL BE CONSIDERED AS OFFERING THE EXACT PRODUCT SPECIFIED. Where applicable, all products are to be covered by standard factory warranty unless otherwise specified by University.
8. **Telephone inquiries concerning this quote are to be directed to the contact person for the department stated above.**

ALL QUOTING VENDORS ARE TO PROVIDE THE FOLLOWING INFORMATION:

GOODS WILL BE SHIPPED FROM _____ WITHIN _____ DAYS AFTER RECEIPT OF ORDER.
SHIPMENT TO BE FOB SOUTHEASTERN, HAMMOND, LA, AND PRICES INCLUSIVE OF ANY SHIPPING/FREIGHT/HANDLING COSTS.

BIDDER _____ ADDRESS _____
(COMPANY NAME) (STREET OR P.O. BOX)
BY _____
(SIGNATURE) (CITY, STATE, ZIP CODE)
TITLE _____ PHONE NUMBER _____
FEDERAL TAX I.D. # _____ FAX NUMBER _____
EMAIL: _____

NOTE: By accepting a purchase order resulting from this Request for Quotation, non-resident firms certify they have paid all taxes duly assessed by the State of Louisiana and its political subdivisions, including franchise taxes, privilege taxes, sales taxes, and all other taxes for which they are liable, to the state and its political subdivisions.

In accordance with L.R.S. 39:1594(C) (2) (D), the person signing the quotation must be: 1) a current corporate officer, partnership member or other individual specifically authorized to submit quotations as evidenced in appropriate records on file with the Secretary of State; or 2) an individual authorized to bind the vendor, as evidenced by an accompanying corporate resolution, certificate or affidavit. By signing this quotation, the bidder certifies compliance with the above.

Quotations submitted are subject to provisions of the laws of the State of Louisiana including, but not limited to, L.R.S. 39:1551-1736; purchasing rules and regulations; executive orders; standard terms and conditions; special conditions; and specifications listed in this solicitation. **Including State of Louisiana insurance requirements** <https://www.doa.la.gov/dao/orm/underwriting/>

Page: ____ of ____			REQUEST FOR COMPETITIVE QUOTATION					Vendor Quotation No. (If applicable)	
If Description field does not provide sufficient space, additional specifications may be attached referencing the Item No.									
Item No.	Qty	Unit	Description	5. Model No.	6. MFR/Brand	7. Unit Price	8. Total Amt	FOB Point	
								Southeastern Freight Prepaid & Allowed	
								Southeastern Freight Prepaid & Allowed	
								Southeastern Freight Prepaid & Allowed	
								Southeastern Freight Prepaid & Allowed	
								Southeastern Freight Prepaid & Allowed	
Responding vendor to complete columns 5 through 8.							Total:		
Quoted By:			Date:						



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