



**GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
PURCHASING DEPARTMENT**

QUOTATION SUMMARY SHEET

Date: _____ **Person Obtaining Quotes:** _____

Campus/Department: _____ **Phone Number:** _____

DESCRIPTION OF GOODS AND/OR SERVICES BEING PURCHASED:

Vendor 1: _____

Date Quote Provided: _____ **Quote Valid Thru:** _____

Name of Vendor Representative: _____

Total Price Quoted: _____

Vendor 2: _____

Date Quote Provided: _____ **Quote Valid Thru:** _____

Name of Vendor Representative: _____

Total Price Quoted: _____

Vendor 3: _____

Date Quote Provided: _____ **Quote Valid Thru:** _____

Name of Vendor Representative: _____

Total Price Quoted: _____

NOTES:

please attach all vendor quotes