



SUU Equipment/Supplies Bid Request Form

Date: _____

Department Name: _____

Requestor Name: _____

Technical Contact Name: _____

Funding Source (Account or Index): _____

*Please provide budgetary quote(s), if possible.

Expected Delivery Date: _____

Specifications & Quantities (If more space is needed, please attach / include supporting documents)

Please list your 3 preferred vendors - Include a valid email address and phone number

*If the department is not willing to use a specific vendor, please do not list them.

1. _____
2. _____
3. _____

* Bids can take up to 15 business days to completely process and return to the department.

This purchase and available funds has been reviewed and approved by:

Supervisor Signature: _____ Date: _____

*All purchases of 50k and above, should be signed by one of the following:

Assistant Vice President – Vice President – Provost – President