



City of Crestview

Quote Comparison Form

Requisition No. _____

Name _____

Date: _____

Dept: _____

Item/Service Requested:

Quote 1

Company _____

Vendor No. _____

Contact _____

Quote _____

Phone No. _____

mail telephone

fax email other

Quote 2

Company _____

Contact _____

Vendor No. _____

Phone No. _____

Quote _____

mail telephone

fax email other

Quote 3

Company _____

Contact _____

Vendor No. _____

Phone No. _____

Quote _____

mail telephone

fax email other

I hereby affirm that the above quotes have been sought and conform in every respect with the requirements of the City's Purchasing Manual.

Department Head