

MISSISSIPPI STATE UNIVERSITY
REQUISITION

LEASE PURCHASE BID

PAGE _____ of _____

NO: Automatic

SUGGESTED VENDOR:

SHIPTO:

BID

2 [for vendor delivery]

[If vendor is not in Banner or if address is incorrect, type correct information at end of Item Text and vendor file will be updated.]

DATE: Automatic

TERMS: Net 30

FOB:

SHIP VIA: BEST WAY

BID BY:

BID FILE:

STATE CONTRACT:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
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QUANTITY

ENTER BID SPECIFICATIONS

THIS WILL BE A LEASE PURCHASE FOR 5 (or 3) YEARS

ENTER ESTIMATED PRICE

SUGGESTED VENDORS (AT LEAST TWO)

VENDOR NAME
VENDOR ADDRESS
CONTACT PERSON (IF ANY)
PHONE/E-MAIL/FAX

VENDOR NAME
VENDOR ADDRESS
CONTACT PERSON (IF ANY)
PHONE/E-MAIL/FAX

NOTES:

-- If you have extra attachments (plans, blueprints, etc) put a note on req that you have attachments

TOTAL

FUND	ORG	ACCT	PROG	ACTV	ORDER	AMOUNT
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XXXXXX XXXXXX XXXXXX XXXXXX

CONTACT:

NAME: [key your name]

TELEPHONE: [key your phone number]

DEPARTMENT:

[key department name]
[key department address]
[key mail stop no.]