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SUGGESTED VENDOR: SHIPTO:

        VENDOR NUMBER   -

        VENDOR NAME
        VENDOR ADDRESS
        VENDOR CITY, STATE, ZIP

[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: TERMS: NET 30   FOB: SHIP VIA: -

BID BY: Name from quote   BID FILE: STATE CONTRACT:
                No. and date from quote

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1 yr	[Type of insurance coverage, i.e., property, liability, bond] [Policy coverages, deductibles and amount of limits] Policy coverage dates: [Statement why there is a need or requirement to purchase the coverage] [Description of the university asset being covered by the policy if applicable] [MSU Inventory Number of that asset]	600.00	600.00

Notes:
-- provide P&C with a copy of quote from vendor as an attachment to requisition
-- provide P&C with a copy of the policy: proposed policy if new or prior policy if renewal
-- purchase order will not be issued without this quote
-- we will send this information to the IHL Board Office for prior approval to purchase insurance

                                                                                                                                              600.00

FUND	ORG	ACCT	PROG	ACTV	ORDER	AMOUNT
xxxxxx	xxxxxx	405810	xxxxxx			600.00

CONTACT:
        NAME: [key your name]

TELEPHONE: [key your phone number]

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