**Request for Price
Quote Letter Sample Template**

|  |  |
| --- | --- |
| DATE | MM/DD/YY |
| VENDOR COMPANY NAME | Name |
| VENDOR CONTACT NAME | Name |
| VENDOR ADDRESS | 123 Main Street |
| CITY, STATE | City, State |
| ZIP | 12345 |

|  |  |
| --- | --- |
| SUBJECT | [COMPANY NAME] REQUEST FOR QUOTE NO ABC-123 |

Dear [VENDOR CONTACT NAME],

[COMPANY NAME] is interested in purchasing [GOODS OR SERVICES].

If you would like to submit a quotation, please complete the Request for Quote form to quote your unit prices and discounts for prompt payment. Submit the completed quotation to [ADDRESS].

Quotations are due by [DATE]. Email any questions to [NAME] at [EMAIL ADDRESS] no later than [TIME and DATE].

Sincerely,

[NAME]

|  |  |
| --- | --- |
| NAME |  |
| TITLE |  |
| PHONE |  |
| EMAIL |  |

|  |  |
| --- | --- |
| 1. **REQUEST NUMBER**
 | ABC-123 |
| 1. **DATE ISSUED**
 | MM/DD/YY |
| 1. **PURCHASE REQUEST NUMBER**
 | 12344 |
| 1. **ISSUED BY**
 | Krista Ahmed |
| 1. **FOR INFORMATION, CALL**
 | (123) 456-2300 |
| 1. **DELIVERY BY (DATE)**
 | MM/DD/YY |
| 1. **DELIVERY TERMS**
 | All items must be delivered within 30 calendar days from the date of the purchase order. All delivery charges must be included in the unit price |
| 1. **SHIP TO (CONSIGNEE AND ADDRESS)**
 | The Seattle Clinic123 Hill Ave. Seattle, WA 98101 |

*Please furnish quotations to the issuing office on or before the close of business.*

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| 1. **PURPOSE**
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| 1. **SCHEDULE (Include applicable Federal, State, Local Taxes)**
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| **ITEM NO.** | **SUPPLIES/SERVICES** | **QUANTITY** | **UNIT** | **UNIT PRICE** | **AMOUNT** |
| 001 | Surgical Masks | 5,000 | Box (50) | 20.00 | $2,000 |
| 002 | Nitrile Gloves (M) | 10,000 | Box (100) | 15.00 | $1,500 |
| 003 | Sterile Surgical Gowns | 500 | Each | 12.00 | $6,000 |
| 004 | Disposable Surgical Caps | 2,000 | Box (50) | 10.00 | $400 |
| 005 | Surgical Drapes | 1,000 | Each | 8.00 | $8,000 |
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| 1. **DISCOUNT FOR PROMPT PAYMENT (%)**
 | 0 |
| 1. **10 CALENDAR DAYS (%)**
 | 5% |
| 1. **20 CALENDAR DAYS (%)**
 | 3% |
| 1. **30 CALENDAR DAYS (%)**
 | 1% |
| 1. **CALENDAR DAYS (%)**
 |  |
| 1. **NAME AND ADDRESS OF QUOTER**
 | Seattle Medical Supplies Co.9900 North Pacific WaySeattle, WA 98103 |
| 1. **SIGNATURE OF PERSON AUTHORIZED TO SIGN / NEGOTIATE**
 |  |
| 1. **DATE OF QUOTATION**
 |  |
| 1. **NAME AND TITLE OF SIGNER**
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| 1. **PHONE NUMBER**
 |  |
| 1. **TERMS AND CONDITIONS**
 | * The quotation must be valid for a minimum of 60 days from the due date.
* The supplier must provide a warranty for all supplies delivered, guaranteeing they are free from defects in material and workmanship for a period of at least one year.
* No substitution of items is permitted without prior written approval from The Seattle Clinic.
* All supplies must comply with relevant industry standards and regulations.
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