

Sam Houston State University Informal Bid Form

1. Date bids received _____ by whom _____ Dept _____ P.O. # _____
2. Bid tabulations (Include vendor names, city, & state, and complete name of person contacted and phone number on second page. A MINIMUM OF TWO (2) CERTIFIED HUBS MUST BE CONTACTED
WEB SITE: [HTTP://WWW.TBPC.STATE.TX.US/CMBL/INDEX.HTML](http://www.tbpc.state.tx.us/cmbl/index.html)

Vendors #5							
Vendors #4							
Vendors #3							
Vendors #2							
Vendors #1							
Quantity	Description	Unit	#1 UnitPrice	#2 UnitPrice	#3 UnitPrice	#4 UnitPrice	#5 UnitPrice

3. Reason for award to other than low bidder: **(Preference cannot be factor)**

4. I CERTIFY THAT:

- *THE ABOVE INCLUDES ALL FIRMS THAT HAVE BEEN CONTACTED FOR BIDS, AND THEIR REPLIES ARE EXACTLY AS STATED.
- *THE AWARDED VENDOR IS IN GOOD STANDING WITH THE STATE ON FRANCHISE AND SALES TAX
WEB SITE: [HTTP://ECPA.CPA.STATE.TX.US/VENDOR/TPSEARCH1.HTML](http://ecpa.cpa.state.tx.us/vendor/tpsearch1.html)
- *THERE IS A NEED FOR THE ABOVE MERCHANDISE(S) AND SUFFICIENT FUNDS ARE AVAILABLE FOR THE PURCHASE(S) OR SERVICE(S)
- * WHEN EMPLOYING TREASURY FUNDS AND THE PURCHASE(S) OR SERVICE(S) CAN BE PROVIDED BY THE TEXAS INDUSTRIES FOR THE BLIND AND HANDICAPPED (TIBH) THEY WILL BE PURCHASED THROUGH TIBH([HTTP://WWW.PURCHASEPLUS.COM/](http://www.purchaseplus.com/)) OR JUSTIFY, IN WRITING, THE REASON FOR REJECTION
- * A WRITTEN QUOTE IS ATTACHED FROM THE RECOMMENDED LOW BIDDER

Name: (Signature) _____ Title : _____

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6. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____

7. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____

8. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____

9. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____

10. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____
