

**Return Completed Quotes To:**

CU Contact Name: Phone:  
 CU Department: Fax:  
 Address: Email: @clemson.edu  
 City: RFQ #:  
 State: Return By: ET (Date & Time)  
 Zip:

ALL QUOTES MUST INCLUDE FREIGHT/SHIPPING: FOB Clemson University freight included. Terms and Conditions located at <http://www.clemson.edu/procurement/suppliers/terms.html> apply to all quotes and supersedes Supplier's Terms and Conditions. All items will be awarded to one supplier, unless noted otherwise.

Supplier Contact Name: Supplier Phone:  
 Supplier Name: Supplier Fax:  
 Special Shipping Requests:  
 Must be Delivered By:

**TOTAL AMOUNT** \$

(Including Shipping/Freight, do NOT include sales tax)  
 See attached sheet for details of Quote

**This section MUST be completed by the supplier:**

Authorized Signature: Printed Name: Date:  
 Company Name: Phone Number: SSN/Federal Tax ID:  
 Mailing Address: City: State: Zip:

**Conflict of Interest: (policy is located at <http://www.clemson.edu/conflict-of-interest/coi-policy.html>)**

Do you have any relatives employed with Clemson University?  Yes  No

If yes, please provide name(s) below:

Name: Name:  
 Relation: Relation:

Supplier's Best Delivery Date: Days Supplier Discount Terms: % Days  
 Do you collect SC Sales Tax?  Yes  No

If awarded this bid, I will comply with the Workman's compensation and other insurance requirements as noted in the Terms and Conditions located at <http://www.clemson.edu/procurement/suppliers/terms.html>  
 Yes  No

