



**MISSOURI DEPARTMENT OF TRANSPORTATION
 INFORMAL QUOTE GUIDELINES AND DOCUMENTATION
 FOR PURCHASES \$3,000 TO \$24,999.99
 THIS IS NOT AN ORDER**

REQUEST FOR INFORMAL QUOTATION

Please quote the lowest prices covering material specified and provide all information requested.

TODAY'S DATE:	1/6/2010	QUOTE DUE ON OR BEFORE:	01/8/10 - 4:00 PM LOCAL TIME	F.O.B. REQUIREMENTS:	DESTINATION
TIME REQUIRED FOR DELIVERY:	30 DAYS	QUOTE No:	4-100108CN	BUYER NAME /TELEPHONE NUMBER:	CINDY NORMAN 573-522-9746
TO BE DELIVERED NO LATER THAN	<u>Maximum of 30 calendar days</u> from receipt of purchase order.				
Central Office Mailing Address Fax Number:	PO Box 270 Jefferson City, MO 65102 573-526-1218	Delivery Locations:	830 MoDOT Drive Jefferson City, MO 65109		

Quantity	U/M	DESCRIPTION	UNIT PRICE	UNIT PRICE EXTENSION	MFG PART NUMBER
50	Each	C/S 3450827414 Chainsaw Protective Wraparound Chaps, Size 36" – 38" waist with a minimum length of 36"	\$	\$	
30	Each	C/S 3450827422 Chainsaw Protective Wraparound Chaps, Size 40" – 42" waist with a minimum length of 40"	\$	\$	
		INCLUDE ALL SHIPPING CHARGES IN UNIT COST			
CONTRACT PERIOD WILL BE 1/11/10 (or date of award, THROUGH 12/31/10)					
Award: <i>All or None</i>	Please include shipping and/or freight in the unit price. <i>Please fax quotation to 573-526-1218</i>				
		TOTAL ORDER EXTENSION		\$	

Company Name: _____

All responses to this Request for an Informal Quotation MUST be submitted on this form and MUST be returned to the Buyer listed above at the Central Office mailing address shown. See attached for conditions and instructions. Purchase orders will be issued on an "as needed basis" upon award.

VENDOR INFORMATION

Vendor Name /Mailing Address	Vendor Contact Information (including area codes):		
	Phone #:		
	Fax #		
Printed Name and Title of Responsible Officer or Employee:	Cellular #		
	Signature:		

Is your firm MBE or WBE Certified? Yes No