



QUOTE FOR ALL EDUCATIONAL SERVICES, TRAINING, CONSULTATIONS, ETC.

Date Quote Submitted: _____

MSDB Department: _____

MSDB Department Contact: _____

Questions concerning the quote should be emailed to: _____

Quote Deadline: _____

Please submit Quote on Company Letterhead

Vendor/Company Name: _____ Date: _____

Vendor/Company Contact Name: _____

Vendor Supplier # and/or Mississippi Secretary of State's Business ID: _____

Address: _____ City: _____ State: _____

Telephone Number: _____

Vendor/Company Representative Signature: _____

<u>SERVICES NEEDED & TIME FRAME</u>	<u>SPECIFICATIONS/DESCRIPTION OF SERVICE(S)</u>	<u>PRICE</u>
TOTAL COST		\$

VENDOR/COMPANY: If there is a Quote Expiration Date please indicate on the Quote.