## SUMMARY OF TELEPHONE QUOTATIONS

	VENDOR INFORMATION																	
INSTRUCTIONS: Where telephone quotations are authorized by the State Purchase Bureau in lieu of sealed bids, using agencies shall use this form to obtain and record quotations from at least three (3) vendors prior to issuing a purchase order. After quotations have been recorded, this form must be signed and attached to the agency copy of the PB-2 purchase order for the permanent file.			of Vendor	Street Address of Vendor	City, State, Zip of Vendor	Federal ID #	Name of Vendor	Street Address of Vendor	Zip of Vendor	Federal ID #	Name of Vendor	Street Address of Vendor	State, Zip of Vendor	Federal ID #	Name of Vendor	Street Address of Vendor	City, State, Zip of Vendor	Federal ID #
ACCOUNT NUMBER FISCAL Y		FISCAL YEAR	Name	reet Ac	ty, Star	Fe	Nam	reet Ac	City, State,	Fe	Nam	reet Ac	City, Stai	Fe	Nam	reet Ac	ty, Stai	F Fe
DATE OF QUOTATION	QUOTATION	NUMBER		Sti	Ö			St	Ü			St	Ö			Stı	Ö	
DESCRIPTION OF ITEM(S)	DESCRIPTION OF ITEM(S)  QUANTITY  ORDERING UNIT		UNIT PRICE		TOTAL PRICE		UNIT PRICE		TOTAL PRICE		UNIT PRICE		TOTAL PRICE		UNIT PRICE		TOTAL PRICE	
					\$	-			\$	-			\$	-			\$	-
						-				-				-				-
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						-				-				-				-
						-				-				-				-
						-				-				-				<u>-</u>
REMARKS:  VENDOR'S TOTAL PRICE BILLING TERMS DELIVERY DATE  COMMENTS		G TERMS			\$	-			\$	-			\$	-			\$	-
I certify that competition has been solicited and quotations obtained in accordance with current State Purchase Bureau regulations governing agency direct purchases.																		
			TI	ΓLE			l				l		DATE		6	6/6/200	)3	

In compliance with (A) P.L. 1983, Cha Businesses, Minority-Owned Business				ns from among Small		
INSTRUCTIONS: Provide information	as requested for Item 1. Mark the	appropriate block(s) for Items 2 an	nd 3			
	VENDOR #1	VENDOR #2	VENDOR #3	VENDOR #4		
Vendor telephone number and representative's name giving price quotation	Telephone #	Telephone #	Telephone #	Telephone #		
	Contact name	Contact name	Contact name	Contact name		
Is firm registered as a small business with N.J. Department of Commerce and Economic Development?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐		
	Not qualified		Not qualified	Not qualified ☐		
Is firm registered as a woman- owned (W-O) or minority-owned (M-O) business with N.J.     Department of Commerce and Economic Development?	Yes	Yes	Yes	Yes  No		
4. I have reviewed and hereby appro	ove this PB Form 119 for processing	g				
ACCOUNT	MANAGER(Signa	ature)				

(Date)

(Print Name)

## Instructions for filling out this form:

- 1. Click on the Front tab near the lower left corner of the screen to fill in the front of the form, click on the Back tab next to it to fill in the back of the form.
- 2. Type the appropriate information in the spaces provided for the front and back of this form. Pressing the Tab key will take you to the next cell to fill-in (just Tab over those you do not need); holding down the Shift key while pressing the Tab key will take you to the previous cell. If you make a mistake, just go back and type it again.
- 3. Click on the boxes next to Yes, No, Not qualified, etc., on the Back of the form to check (click again to uncheck if necessary).
- 4. When you have completed the Front of the form, click on the printer icon on the toolbar or use File, Print... to print it.
- 5. When you have completed the Back of the form, click on the printer icon on the toolbar or use File, Print... to print it.
- 6. If you would like to save your filled-in form, use File, Save As... or click on the Save tool and name it whatever you want to.
- 7. Proceed as you normally would with a PB 119 form.
- 8. This form can also be found on the DMAVA Server at Network Neighborhood under DHQFL2\Forms\Other Forms.