

# 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 (ONE WOMAN, ANY ETHNICITY AND ONE MINORITY OWNED). WEB SITE: [HTTP://WWW.GSC.STATE.TX.US/CMBL/CMBLHUB.HTML](http://www.gsc.state.tx.us/cmbl/cmblhub.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)**

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**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/COA/COASTART.HTML](http://ECPA.CPA.STATE.TX.US/COA/COASTART.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 OR JUSTIFY, IN WRITING, THE REASON FOR REJECTION ([HTTP://WWW.PURCHASEPLUS.COM/](http://www.purchaseplus.com/))
- \* 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 # \_\_\_\_\_

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7. Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
HUB Status \_\_\_\_\_  
Vendor ID # \_\_\_\_\_

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8. Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
HUB Status \_\_\_\_\_  
Vendor ID # \_\_\_\_\_

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9. Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
HUB Status \_\_\_\_\_  
Vendor ID # \_\_\_\_\_

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10. Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
HUB Status \_\_\_\_\_  
Vendor ID # \_\_\_\_\_

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