

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)**

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 # _____

7. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____

8. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____

9. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____

10. Vendor Name _____
Address _____

Contact _____
Phone _____ Fax _____
HUB Status _____
Vendor ID # _____
