



OREGON STATE UNIVERSITY REQUEST FOR QUOTE (RFQ)

		ISSUE DATE:	August 28, 2013			
RFQ #	DLN165405Q	RFQ DUE DATE:	September 4, 2013, 3 PM			
DELIVER TO:		REQUESTED BY / RETURN QUOTE TO:				
DEPARTMENT:	Information Services	NAME:	Deanne Lahaie-Noll			
ADDRESS:	OSU Valley Library	E-MAIL:	Deanne.Lahaie-Noll@oregonstate.edu			
CITY, STATE ZIP:	Corvallis, OR 97331	TELEPHONE:	541-737-1150			
REQUIRED DELIVERY DATE:	September 10, 2013	FAX:	541-737-2170			
ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE	
1	Symantec EndPoint Protection 12.1 Student Use p USR 12 mo. Term BSD SUBS LIC ACD BAND S (product ID: 0E7IOZF0-ZZZAS)	26500	EA			
2	Symantec Protection Suite Enterprise Edition 4.0 p USR RNW ESS 12 mo. ACD H (product ID: 4GMSOZZ0-ER1AH)	5000	EA			
BRAND SPECIFIC – NO SUBSTITUTIONS						
Delivery is f.o.b. destination, prepaid and allowed. Shipping, freight and handling must be included in quoted prices. Additional costs for such are disallowed.					TOTAL	
DELIVERY TIME AFTER RECEIPT OF ORDER:			PRICES VALID THROUGH:			
SPECIAL INSTRUCTIONS:		VENDOR INFORMATION:				
1. Unless otherwise specified, all items quoted are to be new, unused and not remanufactured in any way. 2. Brand names are for the purpose of describing and establishing the characteristics desired and are not intended to limit or restrict competition. Quoters may submit quotes for substantially equivalent products unless the RFQ provides that a specific brand is necessary because of compatibility requirements, etc. All such brand substitutions shall be subject to approval by OSU. 3. Quoters must clearly identify all products quoted. Brand name and model or number must be shown. 4. Only documents issued as addenda by OSU serve to change the RFQ in any way. 5. OSU reserves the right to make the award by item, partial or whole lots, groups of items or entire quote, whichever is in the best interest of OSU. 6. OSU may reject any Quote not in compliance with the RFQ, attachments, and addenda, or if it is in the best interest of OSU.		COMPANY:				
		ADDRESS:				
		CITY, STATE, ZIP:				
		CONTACT NAME:				
		E-MAIL:				
		TELEPHONE:				
FAX:						
		VENDOR SIGNATURE:				
		<i>By signature below the undersigned certifies that they are authorized to act on behalf of the quoter and will comply with all aspects of the quote herein.</i>				
		SIGNATURE:				
		NAME/TITLE:				

This procurement is subject to the indicated Oregon State University Standard Terms and Conditions for: Goods Services Purchase Order Construction Software. The indicated terms and conditions may be viewed at <http://pacs.oregonstate.edu/terms-and-conditions>