

## OREGON STATE UNIVERSITY REQUEST FOR QUOTE (RFQ)

|  |   |                                    |  |                                    |                                | ISSUE DATE                | March 18 <sup>th</sup> , 2014                              |                       |            |             |  |  |
|--|---|------------------------------------|--|------------------------------------|--------------------------------|---------------------------|--|-----------------------|------------|-------------|--|--|
| RFQ# ML169494Q   |   |                                    |  |                                    |                                | RFQ DUE DA                | RFQ DUE DATE: March 27 <sup>th</sup> , 2014 @2:00 PM (PST) |                       |            |             |  |  |
|  |   |                                    | 0:   |                                    |                                |                           | REQUESTED BY / RETURN QUOTE TO:                            |                       |            |             |  |  |
| DEPARTMENT: University Housing of Services   |   |                                    |  | & Dining                           | 1                              | NAME:                     |  | Mark Lessel           |            |             |  |  |
| ADDRESS: 102 Buxton Hall   |   |                                    |  |                                    | E-MAIL:                        |                           | Mark.lessel@oregonstate.edu                                |                       |            |             |  |  |
| CITY, STATE ZIP: Corvallis OR, 9733  |   |                                    | OR, 97331  | TELEPHON                           |                                |                           | :  | 541-737-3667          |            |             |  |  |
| REQUIRED DELIVERY DATE: August 1   |   |                                    |  | I <sup>th</sup> to 22 <sup>r</sup> | <sup>nd</sup> , 2014           | <b>FAX</b> : 541-737-2170 |  |                       |            |             |  |  |
| ITEM   | DESCRIPTIO  | ON                                 |  |                                    |                                |                           | TY   | UNIT                  | UNIT PRICE | TOTAL PRICE |  |  |
| 1  | Model 4500 Campus-Holsag 2 posi<br>Shire Black Marble |                                    |  |                                    | tion Chair-Natural Upholstered |                           |  | 50                    | EA         |             |  |  |
|  |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  | BRAND SPECIFIC-NO SUBSTITUTIONS.SHIPPING              |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  | COSTS MUST BE ADDED TO ITEMS                          |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
|  |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
| Delive   | arvisfoh d  | ad Shinn                           | ing freight a  | nd h                               | and                            | lina                      |  |                       |            |             |  |  |
| Delivery is f.o.b. destination, prepaid and allowed must be included in quoted prices. Additional co   |   |                                    |  |                                    |                                |                           |  |                       |            |             |  |  |
| DELIVERY TIME AFTER RECEIPT OF ORDE  |   |                                    |  | R:                                 |                                |                           | Р  | PRICES VALID THROUGH: |            |             |  |  |
| SPECIAL INSTRUCTIONS:  |   |                                    |  | VENDOR INFORMATION:                |                                |                           |  |                       |            |             |  |  |
|  | ss otherwise spe<br>ew, unused and                    |                                    | COMPANY:   |                                    |                                |                           |  |                       |            |             |  |  |
| way.<br>2. Brar  | nd names are for                                      | r the purpose                      | ADDRESS:   |                                    |                                |                           |  |                       |            |             |  |  |
|  | tablishing the c<br>intended to lir                   |                                    | CITY, STATE, ZIP:  |                                    |                                |                           |  |                       |            |             |  |  |
|  | s may submit<br>ent products unle                     |                                    | CONTACT NAME:  |                                    |                                |                           |  |                       |            |             |  |  |
|  | cific brand is ibility requireme                      |                                    | E-MAIL:  |                                    |                                |                           |  |                       |            |             |  |  |
| substitu   | tions shall be su<br>uoters must cle                  | bject to approv                    | TELEPHONE:   |                                    |                                |                           |  |                       |            |             |  |  |
|  | Brand name a  |                                    | FAX:   |                                    |                                |                           |  |                       |            |             |  |  |
| 4. Only serve to   | documents issochange the RF0 deserves the r           | Q in any way.                      | VENDOR SIGNATURE: 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. |                                    |                                |                           |  |                       |            |             |  |  |
| item, pa   | artial or whole lot<br>whichever is in th             | s, groups of it                    | ems or entire  | SIGNATURE:                         |                                |                           |  |                       |            |             |  |  |
| 6. OSU with the in the be  | may reject any<br>RFQ, attachme<br>est interest of OS | / Quote not innts, and adde<br>SU. | 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