



**OREGON STATE UNIVERSITY
REQUEST FOR QUOTE (RFQ)**

		ISSUE DATE:	7-20-16		
RFQ #	MA183723Q	RFQ DUE DATE:	7-26-16 @ 2:30 PM		
DELIVER TO:		REQUESTED BY / RETURN QUOTE TO:			
DEPARTMENT:	Oregon State University-Bloss Hall	NAME:	Michele Andersen		
ADDRESS:	2001 SW Western Blvd	E-MAIL:	michele.andersen@oregonstate.edu		
CITY, STATE ZIP:	Corvallis Oregon 97333	TELEPHONE:	541-737-3667		
REQUIRED DELIVERY DATE:	ASAP	FAX:	541-737-2170		
ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	MicroFridge Model # 3.1MF4-7D1	150	EA		
	Required Specifications: 1. Fridge and separated small freezer 2. Microwave 3. Smoke Detector with safety shutdown 4. One plug for the whole unit 5. Outside Color: Black or Silver				
	Brand and Model Specific				
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. 7. This RFQ form must be completed, signed and returned with all required documents.		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>