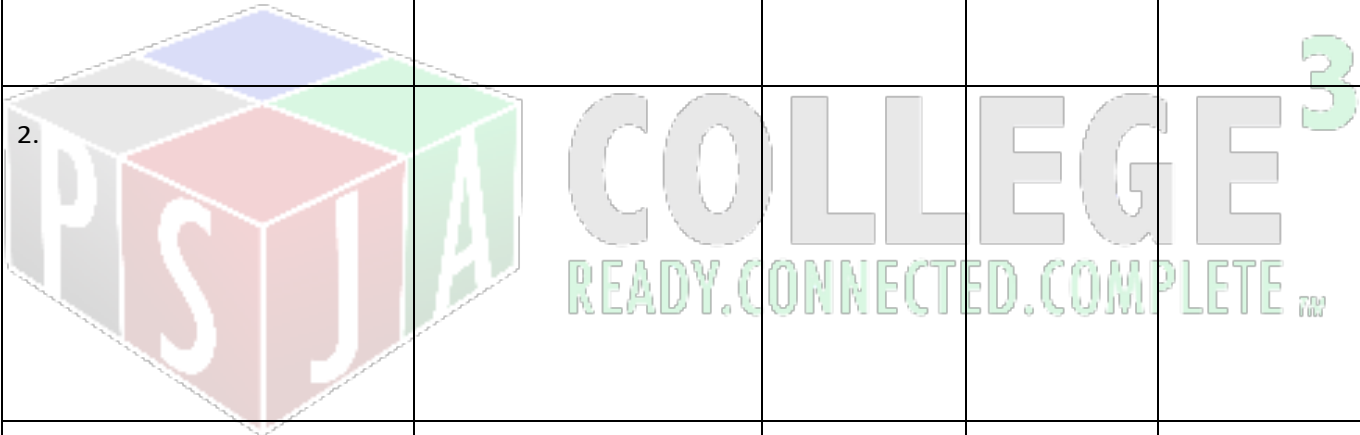


**PHARR-SAN JUAN-ALAMO I.S.D.
601 E. KELLY - P.O. BOX 769
PHARR, TX 78577**

WRITTEN QUOTATION FORM

DEPARTMENT: _____ DATE: _____
PHONE NUMBER: _____ TAKEN BY: _____

| <i>COMPANYNAME ADDRESS / PHONE #</i> | <i>ITEMS BRAND & MODEL #</i> | <i>UNIT PRICE</i> | <i>DELIVERY CHARGE</i> | <i>TOTAL PRICE</i> |
|--|--------------------------------------|-----------------------|----------------------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |



JUSTIFICATION FOR VENDOR SELECTION (PLEASE EXPLAIN):
