

# BID DOCUMENTATION

FD1400# \_\_\_\_\_

FY \_\_\_\_\_

Minnesota State University, Mankato, Foundation, Inc.  
WA236, Office of Business Affairs, Mankato, MN 56001 – 507.389.5595

**FD3**

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Responsible Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Item (s) to be Purchased (Describe the specification / qualification needed.)

---

---

---

**VENDORS****VENDOR #1**

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Price Quote \$ \_\_\_\_\_

**VENDOR #2**

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Price Quote \$ \_\_\_\_\_

**VENDOR #3**

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Price Quote \$ \_\_\_\_\_

Approved Vendor \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Justification if the lowest bid was not approved \_\_\_\_\_

---

*My signature ensures that the three vendors listed above meet the specifications required and that the chosen vendor is the best possible choice available.*

Responsible Person \_\_\_\_\_ Date \_\_\_\_\_

Foundation Accountant Authorization \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Original with signatures – Foundation Accountant; Photocopy – Department

**NOVEMBER 2001**