**[A blue and white sign

Description automatically generated](https://www.smartsheet.com/try-it?trp=12139&utm_source=template-word&utm_medium=content&utm_campaign=Request+for+Price+Quote+Letter+Sample-word-12139&lpa=Request+for+Price+Quote+Letter+Sample+word+12139)Request for Price   
Quote Letter Sample Template**

|  |  |
| --- | --- |
| DATE | MM/DD/YY |
| VENDOR COMPANY NAME | Name |
| VENDOR CONTACT NAME | Name |
| VENDOR ADDRESS | 123 Main Street |
| CITY, STATE | City, State |
| ZIP | 12345 |

|  |  |
| --- | --- |
| SUBJECT | [COMPANY NAME] REQUEST FOR QUOTE NO ABC-123 |

Dear [VENDOR CONTACT NAME],

[COMPANY NAME] is interested in purchasing [GOODS OR SERVICES].

If you would like to submit a quotation, please complete the Request for Quote form to quote your unit prices and discounts for prompt payment. Submit the completed quotation to [ADDRESS].

Quotations are due by [DATE]. Email any questions to [NAME] at [EMAIL ADDRESS] no later than [TIME and DATE].

Sincerely,

[NAME]

|  |  |
| --- | --- |
| NAME |  |
| TITLE |  |
| PHONE |  |
| EMAIL |  |

|  |  |
| --- | --- |
| 1. **REQUEST NUMBER** | ABC-123 |
| 1. **DATE ISSUED** | MM/DD/YY |
| 1. **PURCHASE REQUEST NUMBER** | 12344 |
| 1. **ISSUED BY** | Krista Ahmed |
| 1. **FOR INFORMATION, CALL** | (123) 456-2300 |
| 1. **DELIVERY BY (DATE)** | MM/DD/YY |
| 1. **DELIVERY TERMS** | All items must be delivered within 30 calendar days from the date of the purchase order. All delivery charges must be included in the unit price |
| 1. **SHIP TO (CONSIGNEE AND ADDRESS)** | The Seattle Clinic  123 Hill Ave.  Seattle, WA 98101 |

*Please furnish quotations to the issuing office on or before the close of business.*

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| 1. **PURPOSE** | | | | | | | |
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| 1. **SCHEDULE (Include applicable Federal, State, Local Taxes)** | | | | | | | |
| **ITEM NO.** | | **SUPPLIES/SERVICES** | **QUANTITY** | **UNIT** | **UNIT PRICE** | **AMOUNT** | |
| 001 | | Surgical Masks | 5,000 | Box (50) | 20.00 | $2,000 | |
| 002 | | Nitrile Gloves (M) | 10,000 | Box (100) | 15.00 | $1,500 | |
| 003 | | Sterile Surgical Gowns | 500 | Each | 12.00 | $6,000 | |
| 004 | | Disposable Surgical Caps | 2,000 | Box (50) | 10.00 | $400 | |
| 005 | | Surgical Drapes | 1,000 | Each | 8.00 | $8,000 | |
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| 1. **DISCOUNT FOR PROMPT PAYMENT (%)** | | | 0 | | | | |
| 1. **10 CALENDAR DAYS (%)** | | | 5% | | | | |
| 1. **20 CALENDAR DAYS (%)** | | | 3% | | | | |
| 1. **30 CALENDAR DAYS (%)** | | | 1% | | | | |
| 1. **CALENDAR DAYS (%)** | | |  | | | | |
| 1. **NAME AND ADDRESS OF QUOTER** | | | Seattle Medical Supplies Co.  9900 North Pacific Way  Seattle, WA 98103 | | | | |
| 1. **SIGNATURE OF PERSON AUTHORIZED TO  SIGN / NEGOTIATE** | | |  | | | | |
| 1. **DATE OF QUOTATION** | | |  | | | | |
| 1. **NAME AND TITLE OF SIGNER** | | |  | | | | |
| 1. **PHONE NUMBER** | | |  | | | | |
| 1. **TERMS AND CONDITIONS** | | | * The quotation must be valid for a minimum of 60 days from the due date. * The supplier must provide a warranty for all supplies delivered, guaranteeing they are free from defects in material and workmanship for a period of at least one year. * No substitution of items is permitted without prior written approval from The Seattle Clinic. * All supplies must comply with relevant industry standards and regulations. | | | | |
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