

The CSU, Chico Research Foundation

Office of Sponsored Programs

Foundation Administration Office

Competitive Bidding Form

Three competitive bids are required for purchases of goods and materials (excluding tax and shipping) and for services totaling \$5,000 and over from a single vendor, consultant or subcontractor.

Selected Vendor

1). Vendor Name: _____
 Address: _____
 Phone: _____

Quantity	Description of items with as much detail as possible	Unit Price	Total

	GRAND TOTAL		\$

*Attach additional sheets if necessary for more detail.

Additional Bids

2). Vendor Name: _____
 Address: _____
 Phone: _____
 Amount: \$ _____

3). Vendor Name: _____
 Address: _____
 Phone: _____
 Amount: \$ _____

Please Note: If you are not purchasing goods or services from the lowest bidder, please write justification as to why you are selecting the vendor with higher bid. Attach additional sheets if necessary.

 Project Director or Designee Signature Date

 Foundation Approval Date