

QUOTE SHEET

Description of purchase and/or project:

Onsite Video Visitation System

QUOTE

\$1500.00 to \$25,000 at least 2 written quotes attached to form.
 Quotes necessary for equipment related items only e.g.: not to include normal office supplies or normal recurring operating purchases
 Per M.S. §471.345 Subd 4 purchases exceeding \$25,000 but not greater than \$100,000 may be completed by 2 or more quotes, no advertising required.

#	NAME OF VENDOR	ADDRESS OF VENDOR	AMOUNT OF QUOTE	MISCELLANEOUS INFORMATION
1	Reliance Telephone	Grand Forks MN	\$35,700.00	Includes 5 year maintenance agreement and all service calls
2	InnoVisit	Montgomery AL	\$26,099.00	Need to add \$7500 for 5 year maintenance agreement & \$750 for each on-site service call
3	Accurate Controls	Ripon WI	\$27,718.00	Need to add \$38,982.66 for 3 year service agreement
4				
5				
6				
7				
8				

Recommended quote number:

1

Quote Awarded to number:

Payment to be made from

Account number:

Reason(s) for award:

We have reviewed the quotes, attest the awarded quote does meet the specification requirements and award the quote for the reasons stated above.

Date: _____

 Department Manager

 County Coordinator

 Date of Board Approval of Quote

QUOTE SHEET

Description of purchase and/or project:

Crowd Control Equipment

QUOTE

\$1500.00 to \$25,000 at least 2 written quotes attached to form.
 Quotes necessary for equipment related items only e.g.: not to include normal office supplies or normal recurring operating purchases
 Per M.S. §471.345 Subd 4 purchases exceeding \$25,000 but not greater than \$100,000 may be completed by 2 or more quotes, no advertising required.

#	NAME OF VENDOR	ADDRESS OF VENDOR	AMOUNT OF QUOTE	MISCELLANEOUS INFORMATION
1	Galls	Lexington KY	\$8,398.70	
2	Streicher's	Minneapolis MN	\$5,854.80	
3				
4				
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6				
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8				

Recommended quote number: 1
 Quote Awarded to number: _____
 Payment to be made from _____
 Account number: _____

Reason(s) for award:

We have reviewed the quotes, attest the awarded quote does meet the specification requirements and award the quote for the reasons stated above.

Date: _____

 Department Manager

 County Coordinator

 Date of Board Approval of Quote