

## REQUEST FOR QUOTATION FORM

This form is to be utilised by departments seeking to purchase items. If item is greater than \$3,000, three (3) quotes are to be obtained.

Initiator completes Section A & B forward to  
Supply Services for completion: [SC-Procurement@health.qld.gov.au](mailto:SC-Procurement@health.qld.gov.au)

### SECTION A – CONTACT DETAILS

Facility & Department: \_\_\_\_\_ Cost Centre: \_\_\_\_\_  
 Cost Centre Manager: \_\_\_\_\_ Signature \_\_\_\_\_  
 Business Manager: \_\_\_\_\_ Signature \_\_\_\_\_

### SECTION B – DETAILS OF ITEM (complete each question were relevant to ensure quotes are fit for purpose)

Known Supplier/s: \_\_\_\_\_  
 Item Description: \_\_\_\_\_  
 Model / Code: \_\_\_\_\_  
 Functional Requirements: \_\_\_\_\_  
 Performance Requirements: \_\_\_\_\_  
 Environmental Requirements (Size restrictions, door opening L or R): \_\_\_\_\_  
 Capacity (100L or 250kg SWL): \_\_\_\_\_  
 Dimensions: Width: \_\_\_\_\_ Height: \_\_\_\_\_ Depth: \_\_\_\_\_  
 Textile / finish: \_\_\_\_\_  
 Other clarifying factors: \_\_\_\_\_

### SECTION C – COMPLETED BY SUPPLY SERVICES

SOA Item:  Yes  No If yes, # \_\_\_\_\_ Details sent   
 Bulk Purchase:  Yes  No If yes, # \_\_\_\_\_ Details sent

	Quote 1	Quote 2	Quote 3
Model / Code:	\$ _____	\$ _____	\$ _____
Supplier:	\$ _____	\$ _____	\$ _____
Total Price:	\$ _____	\$ _____	\$ _____
Price:	\$ _____	\$ _____	\$ _____
Installation:	\$ _____	\$ _____	\$ _____
Total Price:	\$ _____	\$ _____	\$ _____

Comments: \_\_\_\_\_  
 Date sent back to Initiator: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_