



# City of Brockton, Massachusetts

## Procurement Quote Form

Chapter 30B (\$10,000 to \$50,000 for Goods & Services)

Statewide Contracts (\$10,000 or Greater)

*\*written contract required for all procurements over \$10,000*

Date: \_\_\_\_\_

Department: \_\_\_\_\_ Contact Name: \_\_\_\_\_

- 1) Type: Supply  Service  Supply & Service  \_\_\_\_\_  
 Purpose of Use: \_\_\_\_\_
- 2) Kind of Procurement: Emergency Procurement  Sole Source  Grant Agreement   
 If 30B is Exempt, why? \_\_\_\_\_
- 3) Statewide Contract #: \_\_\_\_\_

### Quotes solicited from below:

A. Company Name: \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

B. Company Name: \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

C. Company Name: \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*Please send correspondence & any supporting information to: [procurement@cobma.us](mailto:procurement@cobma.us)*

Authorized by:

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by:

Michael C. Morris  
Chief Procurement Officer

\_\_\_\_\_  
Date

For Procurement use only:  
Contract/Project #: \_\_\_\_\_