



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 #: _____ Contract End Date: _____

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

Authorized by:

Department Head's Signature

Date

Approved by:

Michael C. Morris
Chief Procurement Officer

Date

For Procurement use only:
Contract/Project #: _____