



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

ABSTRACT SUMMARY

I CERTIFY THAT THE FOREGOING STATEMENT OF INFORMAL QUOTATION IS TRUE AND CORRECT AND PRICES CHARGED ARE JUST, FAIR, AND REASONABLE, AND THE BEST OBTAINABLE FOR THE ITEMS DESCRIBED BELOW.

| _____ <i>Requester's Staff Name and Date</i> | | | | Vendor Name #1: | | Vendor Name #2: | | Vendor Name #3: | |
|---|-----|------------|--------------|--------------------|--------------|-----------------|--------------|-----------------|--|
| RCUOG Department: _____ | | | | Quoted by: | | Quoted by: | | Quoted by: | |
| Reference: Requisition No.: _____ | | | | Date of Quote: | | Date of Quote: | | Date of Quote: | |
| <i>Note: If the vendor is not in the Colleague (VENI), a W-9 (or W-8BEN-E) Form must be completed before the purchase order is approved. Vendor #2 and #3 needs to be completed if the amount exceeds \$10,000.</i> | | | | | | | | | |
| ITEM DESCRIPTION | QTY | Unit Price | Total Amount | Unit Price | Total Amount | Unit Price | Total Amount | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| Advance payment: Yes /__/ No /__/ | | | | SHIP. COSTS | | | | | |
| | | | | TOTAL | | | | | |

G/L Account Number: _____

Justification:

AUTHORIZED PERSONNEL:

| | | |
|------------------------|-----------|------|
| APPROVALS: | | |
| UOG Dean/Director | Signature | Date |
| | | |
| Principal Investigator | Signature | Date |