**Request for Quote**  
**#86906952**

**Quote Deadline:** Thursday, May 4, 2017 by 10:00 a.m.

**Return Quote To:** Clyde Oberg, Assistant Director  
PH: 979-845-1042  
FAX: 979-845-8171  
E-Mail: co@tamu.edu

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**Please complete the following and return to via fax or e-mail by the time indicated above.**

Company Name: ____________________________  
Street Address: ________________________________  
City: ___________________ State: ____ Zip: ____________  
Federal Tax ID#: ____________________________  
Authorized Signature: ________________________  
Name (print or type): _________________________  
Phone: ____________________  
Delivery in ________ Days  
Payment Terms: ________  
Fax: ____________________  
Delivery Terms: F.O.B. Destination Prepaid & Allowed  
E-Mail: ____________________________  
Business Size:  
- [ ] small  
- [ ] large  

TBPC HUB Certified:  
- [ ] Black  
- [ ] Hispanic  
- [ ] Woman Owned  
- [ ] Asian  
- [ ] Native American

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item &amp; Description</th>
<th>Qty</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>MRI CONDITIONAL LARGE ANIMAL ANESTHESIA VENTILATOR SYSTEM Catalog #M2800C-MRI</td>
<td>1</td>
<td>Each</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Quote F.O.B. Destination, Freight Prepaid and Allowed. If quoting freight otherwise, show exact delivery cost and who bears cost if not included in unit price.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

**TOTAL**

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P.O. Box 30013  
1477 TAMU  
College Station, TX 77842-3013  
Tel. 979.845.4570 Fax. 979.845.3800  
http://purchasing.tamu.edu