



**Cost Price Analysis Form**

**This form is required for all purchases over \$2500**

REQUISITION # \_\_\_\_\_ PURCHASE ORDER# \_\_\_\_\_

**A. Competitive Purchase Bid Tabulation (to be completed when more than one quote was obtained):**

Supplier: \_\_\_\_\_ Grand Total Bid: \_\_\_\_\_

Supplier: \_\_\_\_\_ Grand Total Bid: \_\_\_\_\_

Supplier: \_\_\_\_\_ Grand Total Bid: \_\_\_\_\_

Please attach copies of all quotes/bids to the requisition. If the low bidder is not selected, justification must be provided.

**B. Sole/Single Source non-competitive purchase:**

Supplier: \_\_\_\_\_

Quotation: \_\_\_\_\_

Single or Sole Source  
Justification (**required**): \_\_\_\_\_

**C. Emergency Order:**

Supplier: \_\_\_\_\_

Quotation: \_\_\_\_\_

Emergency Justification  
(**required**): \_\_\_\_\_

**D. Departmental Authorization:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Extension: \_\_\_\_\_