

Scott County Facility and Support Services Department
Purchasing Division
600 West Fourth Street, Davenport, Iowa 52801-1030
Phone: (563) 326-8793
Fax: (563) 328-3245

E-Mail: purchasing@scottcountyiowa.com

REQUEST FOR QUOTATION

Scott County Requisition No.19027

Bidders need to complete and submit this form.

Submission Date: 5/29/2013	No Later Than: 10:00am
-----------------------------------	-------------------------------

Qty	Description
	Folders, 15pt folder w/ reinforced top tab
	9 ½ X 11 ¾ back size, 9 X 11 ¾ front size, full reinforced top tab, (1) score for fold, round corners, Custom imprint in black ink, on front panel, inside back and back. (2) 5/16 holes drilled on panel 3. (2 ¾ center to center)
600	Green folders, pulp dyed
400	Yellow folders
	Wording is the same for both folders, sample wording is attached
	Proof requested before printing
	Delivery Included
	price quotation good for 60 days
	From time to time it may be necessary to change or modify a request for purchase. If you have received this request from any other source other than direct fax or email from Scott County, it is your responsibility to check for updates and/or changes to the request. If you would like to receive automatic updates please register your company in our vendor data base by using our website, www.scottcountyiowa.com/fss/purchasing.php

Scott County reserves the right to accept the bid from the lowest responsible bidder.

Quote submitted by:

Released by:
(Scott County Use Only)

Name

Date: 5/17/2013

Title

Company

Date

Date: 5/17/2013

Time: 12:00pm

PLEASE NOTE:

Bidders must provide an estimated delivery date in their bid response!

Company Contact Information:	Phone:
	E-Mail:

“By virtue of statutory authority, a preference will be given to products and provisions grown and coal produced within the State of Iowa.”

DEFENDANT'S NAME

Last

First

Middle

VBKEY #

COURT CASE #

CO-DEFENDANT YES NO

Names: _____ Conviction/Disposition _____ Method

PL	JT	CT
----	----	----

 Sentence _____

DEFENSE COUNSEL

Name: _____

Address: _____

Phone: _____

DATES

Offense: _____

Arrest Date: _____

Arraignment: _____

Prelim Hearing: _____

Waiver Indictment: _____

Waiver Speedy Trial: _____

Trans from Juvenile: _____

45th Day: _____

VICTIM REGISTRATION

Packet Sent: Yes Date Sent: _____

ADDITIONAL INFORMATION

CASE LOG

Date Time	Action and Reason	Next Court Date / Time and Reason	Judge	Asst
	Arr Held. Speedy Waived / Demanded	_____, 201____. PTC: _____, 201____ @ 1.		

SEE INSIDE COVER (RIGHT SIDE) FOR FURTHER INFORMATION.

front

back

