Product Quote Template Instructions

Vendor Company Logo Here: Insert your company logo

Date: Insert date of quote

Quote #: Insert your Vendor quote number

Vendor Company Name (etc.): Insert your company information

To: Insert Customer information here

Salesperson: Insert sales rep name

Quote Expiration Date: Insert date quote expires

Shipping Terms: Do not override Shipping Terms unless prior authorization by Mayo Clinic or if part of a construction project.

Payment Terms: Buyer desires to make payment to Supplier using Buyer's new e-Payables program. The e-Payables is a card based platform used for transaction payments.

1. Supplier elects to participate in the e-Payables program at net thirty (30) days with no discount offered to Buyer.

2. Supplier elects to participate in the e-Payables program, offering discounts of two percent (2%), provided by Supplier, off the pricing set forth in the price list for payments made within fifteen (15) days

3. Supplier does not have the ability or willingness to participate in the e-Payables program, then payment terms will be as follows: Buyer will receive an additional four percent (4%) off the pricing set forth in the price list if full payment is made to Supplier within thirty (30) days following either delivery of Products to, or receipt of the invoice, whichever date is later. In any event, full payment of undisputed sums must be made within sixty (60) days following such delivery of products or receipt of invoice, whichever is later.

Qty: Insert quantity quoted

Item #: Insert Vendor item number

Line Item Description: Insert description of product by line

Item List Price: Insert list price for product

Discount %: Insert percentage discount applied (to be applied to Item List Price in determining Mayo Purchase Price)

Novation Price: Insert Novation pricing for product (best contract price)

Mayo Purchase Price: Insert Mayo's pricing for product

Mayo Extended Purchase Price: Mayo's pricing multiplied by the quantity quoted

Installation: Insert if there are any costs for installation

Training: Insert if there are any costs for training

Sub-Total: Subtotal of Products, Installation, Training and Shipping

Freight Discount: A freight allowance/discount is to be applied commensurate with the aggregate shipping cost. Supplier will not charge handling fees for participating in Buyer's Inbound Collect Program.

Total: Total of Products, Installation, Training and Shipping less Freight Discount

Terms and Conditions: Check the box for which Terms and Conditions will apply to this quote (*Attach a copy of Vendor version of quote and Terms and Conditions)

Submit Complete Purchase Order To: Address where completed Purchase Order is to be submitted. Include fax number and/or email address if that is an option.

This Vendor Quotation Prepared By: Name of person preparing this quote

QUOTE - PRODUCTS

Date: [12/17/2012]
Quote #: [012345]

[Vendor Company Name]
[Street Address]
[City, State, Zip]
Phone: [000-000-0000]
Fax: [000-000-0000]
[E-mail Address]

To: [Name] [Dept]
Mayo Clinic
[Street Address]
[City, State, Zip]
Dept .Phone: [000-000-0000]
[E-mail Address]
Customer ID: [ABC0000]

SALESPERSON	QUOTE EXPIRATION DATE	SHIPPING TERMS	PAYMENT TERMS
		FOB Destination, Bill 3rd Party	e-Payables, Net 15

QTY	ITEM #	LINE ITEM DESCRIPTION	ITEM LIST PRICE	DISCOUNT %	NOVATION PRICE	MAYO PURCHASE PRICE	MAYO EXTENDED PURCHASE PRICE
		INSTALLATION:					
		TRAINING:					

SUBTOTAL	
FREIGHT	
DISCOUNT	
TOTAL	

TERMS AND CONDITIONS

☐ MAYO MASTER   ☐ NOVATION   ☐ QUOTE

SUBMIT COMPLETE PURCHASE ORDER TO:

EMAIL: (Preferred/Required)

This Vendor Quotation prepared by: _____

This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)
Please attach a copy of quote in Vendor format as well.

Buyer to accept this quotation, sign here & return: _____
    Mayo Contract #/Novation ID #:   _____

Thank you for your business!

Service Quote Template Instructions

Vendor Company Logo Here: Insert your company logo

Date: Insert date of quote

Quote #: Insert your Vendor quote number

Vendor Company Name (etc.): Insert your company information

To: Insert Customer information here

Salesperson: Insert sales rep name

Quote Expiration Date: Insert date quote expires

Service Effective Date: Insert date service to begin

Service Expiration Date: Insert date service is to expire

Payment Terms: Buyer desires to make payment to Supplier using Buyer's new e-Payables program. The e-Payables is a card based platform used for transaction payments.

1. Supplier elects to participate in the e-Payables program at net thirty (30) days with no discount offered to Buyer.

2. Supplier elects to participate in the e-Payables program, offering discounts of two percent (2%), provided by Supplier, off the pricing set forth in the price list for payments made within fifteen (15) days.

3. Supplier does not have the ability or willingness to participate in the e-Payables program, then payment terms will be as follows: Buyer will receive an additional four percent (4%) off the pricing set forth in the price list if full payment is made to Supplier within thirty (30) days following either delivery of Products to, or receipt of the invoice, whichever date is later. In any event, full payment of undisputed sums must be made within sixty (60) days following such delivery of products or receipt of invoice, whichever is later.

Qty: Insert quantity quoted

Item #: Insert Vendor item number

Service Description: Insert description of service by line

Annual List Price: Insert annual list price for service

Discount %: Insert percentage discount applied (to be applied to Item List Price in determining Mayo Purchase Price)

Novation Price: Insert Novation pricing for product (best contract price)

Mayo Purchase Price: Insert Mayo's pricing for product

Mayo Extended Purchase Price: Mayo's pricing multiplied by the quantity quoted

Total: Total of all services

Terms and Conditions: Check the box for which Terms and Conditions will apply to this quote (*Attach a copy of Vendor version of quote and Terms and Conditions)

Submit Complete Purchase Order To: Address where completed Purchase Order is to be submitted. Include fax number and/or email address if that is an option.

Coverage Includes: Check all boxes that apply for the coverage of service in quote

This Vendor Quotation Prepared By: Name of person preparing this quote

QUOTE - SERVICE

Date: [12/17/2012]
Quote #: [012345]

[Vendor Company Name]
[Street Address]
[City, State, Zip]
Phone: [000-000-0000]
Fax: [000-000-0000]
[E-mail Address]

To: [Name] [Dept]
Mayo Clinic
[Street Address]
[City, State, Zip]
Dept .Phone: [000-000-0000]
[E-mail Address]
Customer ID: [ABC0000]

SALESPERSON	QUOTE EXPIRATION DATE	SERVICE EFFECTIVE DATE	SERVICE EXPIRATION DATE	PAYMENT TERMS
				e-Payables, Net 15

QTY	ITEM #	SERVICE DESCRIPTION	ANNUAL LIST PRICE	DISCOUNT %	NOVATION PRICE	MAYO PURCHASE PRICE	MAYO EXTENDED PURCHASE PRICE
						TOTAL	

TERMS AND CONDITIONS

☐ MAYO MASTER   ☐ NOVATION   ☐ POS

SUBMIT COMPLETE PURCHASE ORDER TO:

EMAIL: (Preferred/Required)

COVERAGE INCLUDES:

☐ PARTS   ☐ LABOR   ☐ UPDATES   ☐ UPGRADES

☐ UPTIME GUARANTEE   ☐ RESPONSE TIME GUARANTEE

This Vendor Quotation prepared by: _____
This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)
Please attach a copy of quote in Vendor format as well.

Buyer to accept this quotation, sign here & return: _____
    Mayo Contract #/Novation ID #:   _____

Thank you for your business!