Logo, company name

Description automatically generated

INVITATION TO QUOTE

for GOODS UNDER $121,200

Purpose

This Invitation to Quote (ITQ) is intended to solicit non-binding quotations from Suppliers for the provision of goods to the University as identified herein. This ITQ process is to assess the Suppliers offering. Trent University is not obligated to make any purchases or award of business using this ITQ resulting from a response to this invitation and the University reserves the right to accept or reject any or all quotes. This invitation does not create, nor give rise to the applicable legal rights or duties of a formally, legally binding procurement process. This is not a Purchase Order (PO).

Instructions

1. Supplier to complete highlighted requirements, provide a signature acknowledgement and return the ITQ via email to the Contact Person by the due date as indicated. Failure to follow these requirements may result in quotation not being considered.
2. When a “brand name” is indicated in the Item Description, the term “or equivalent” may appear beside the “brand name”. If an “or equivalent” notation is not indicated, it will be at the sole discretion of the University to determine if a quoted equivalent item is acceptable.
3. The University reserves the right to contract in whole or in part and acceptance of quote will be by Purchase Order and subject to Trent University standard [PO Terms and Conditions.](https://www.trentu.ca/purchasing/doing-business-trent/purchase-order-terms-and-conditions)
4. If an invited Supplier is unable to provide a quotation, provide an email to contact person indicating reason.
5. The University is required to comply with the Accessibility for Ontarians with Disability Act (AODA) and suppliers are encouraged to quote on goods, services or facilities accessible to anyone with an accessibility requirement. <https://www.ontario.ca/page/accessibility-in-ontario>

Timetable

(*To be completed by the University)*

|  |  |
| --- | --- |
| **ITQ Issue Date:** |  |
| **ITQ Due Date:** |  |

Trent University Contact Information

*(To be completed by the University)*

|  |  |
| --- | --- |
| **Contact Person:** |  |
| **Department:** |  |
| **Contact Person Email:** |  |

Supplier Contact Information

*(To be completed by the Supplier)*

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Address:** |  |
| **Contact Name and Title:** |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |
| **Website:** |  |

Product Requirement(s)

*The University to complete the Qty, Unit and Item Description columns. Supplier to provide pricing.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qty | Unit | Item Description | | Unit Price | Extended  Amount\* |
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|  |  |  | | Freight (if applicable) |  |
| *\* Extended Amount = Qty x Unit Price* | | | **TOTAL (pre-HST)** | |  |

*Supplier requested to quote in Canadian Funds. If currency other than Canadian Funds quoted, Supplier to identify.*

**Additional Supplier Information:**

*Supplier to provide responses where applicable and indicate N/A for those nonapplicable.*

|  |  |
| --- | --- |
| **Delivery date (after receipt of PO)** |  |
| **Prices valid until (specify date)** |  |
| **Does equipment meet applicable electrical standards?** |  |
| **If installation required, advise if included in cost and if not, indicate any additional costs. Travel required?** |  |
| **Is training required and if so, is it included in cost and if not, indicate any additional costs. Travel required?** |  |
| **If software, are there any license fees or user fees and if yes, indicate if included or list any additional costs** |  |

*Suppliers can add any further detail specific to quote on a separate attachment.*

Signature Acknowledgement

The Supplier understands the instructions and conditions of this ITQ request and hereby offers to supply the services per this quote. By signing this quotation, the agent signing has authority to submit this quotation on behalf of the Supplier. A Signature Acknowledgement is required for this ITQ.

|  |  |
| --- | --- |
| **Authorized Agent’s Name:** |  |
| **Authorized Agent’s Signature:** |  |
| **Date:** |  |