

<b>Northeastern State University</b> Competitive Shopping Form	Vendor Name:	Vendor Name:	Vendor Name:
Department:  <b>Item Description</b>	Contact:  Telephone No.:	Contact:  Telephone No.:	Contact:  Telephone No.:
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24.			
<b>Total</b>			
Date:	Comments:		
Conducted by:			
Date:			
Account Sponsor:			
Purchase Request Number:			