# REQUEST FOR QUOTES

*for*

Nonpublic Schools in the State Textbook Program



**Bid Due Date: DATE DUE**

**Set five (5) days after the date of release.**

**By submitting a BID, the Offeror certifies that it is registered to do business in Mississippi as prescribed by the Mississippi Secretary of State or, if not already registered, that it will do so within seven (7) business days of being offered an award. Sole proprietors are not required to register with the Mississippi Secretary of State.**

The Mississippi Department of Education is soliciting quotes for the instructional materials identified below. The bid shall include a fixed price, which will cover shipping costs if applicable, and shall be payable upon receipt of acceptable items within 45 days of receiving an invoice. Please complete the yellow highlighted sections.

**Date of Release:** \_\_\_\_ (date sent to Ingram Education Services)

**Awarding Office Name:** Office of Instructional Materials and Library Services

**Awarding Office Contact Name**: Elizabeth Simmons, Director of Instructional Materials and Library Services

**Nonpublic School Name:** \_\_\_\_

**Nonpublic School Contact Name:** \_\_\_\_

***VENDOR SECTION:***

**Vendor/Company Name:** Tennessee Book Company, regional textbook depository **Address:** 1550 Heil Quaker Blvd, Ste. 100 La Vergne, TN 37086 **Date:** \_\_\_\_ **Quote Expiration, if applicable:** \_\_\_\_\_ **Vendor Signature:** Yes
**Vendor/Company Contact Name:** Kellie Dumas **Vendor MAGIC Supplier #** 3102103091 **Telephone Number:** 615-793-5040 **Quantity:** see below **Product:** State-Adopted Textbooks **Specifications/Item Description:** \_\_\_ (subject area) **Unit Cost:** see below **Shipping:** \_\_\_ **Total Cost:** \_\_\_\_\_ **Binding Signature:** Yes

**IMPORTANT: Add as many rows as necessary. Include the quantity, book title, ISBN, and indicate whether it is a student or teacher edition, print, or digital.**

|  |  |  |
| --- | --- | --- |
| **Quantity** | **Book Title** | **ISBN/Edition** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please submit quotes by **2:00 p.m.** on **day, month day, year** (matches the date on page 1) and email to \_\_\_\_ (nonpublic school contact’s email address).

MDE PROGRAM OFFICE USE ONLY

**Please provide your program’s current fiscal year (FY) cumulative award total for the above vendor: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**