Quotation Request: Bulk Paper/Whiteboard Markers

**Please Quote by 9:00 A.M. MST 8/3/2020**

The Mohave Valley Elementary School District 16 is requesting a price quotation for the following items:

**Ink and Toner Cartridges**

Return Quote by email, fax or in person to Margie Poppin at:

Email - [poppinm@mvdistrict.net](mailto:poppinm@mvdistrict.net) Fax – (928)768-2510 – Office 8450 S Olive Ave., Mohave Valley, AZ 86440

Thank you,

Margie Poppin

Margie Poppin

(928) 768-2507 ext 8006

Poppinm@mvdistrict.net

Procurement Specialist

Accounts Payable

Food Service Director

SFB Coordinator

Erate Support Team

Quotation Request for Bulk Paper/Whiteboard Markers

**\*\*Quantities are estimates only and no quantities are guaranteed\*\***

Delivery Charges to 8450 S Olive Ave, Mohave Valley, AZ 86440 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note MVESD16 does not have a loading dock or forklift.***

Prices good through June 30 2021\_\_\_\_\_Yes \_\_\_\_\_No

If no, price good through \_\_\_\_\_\_\_\_\_\_\_

**HP Products Only**

**NO REMANUFACTURED CARTRIDGES!!!**

**NO SUBSTITUTIONS**

SY20

|  |  |  |
| --- | --- | --- |
| Item | Quantity | Price |
| **CF510A** | 3 |  |
| **CE505A** | 2 |  |
| **78A Black LaserJet** | 4 |  |
| **CB436A –** Black Toner for HP P1505 Printer | 20 |  |
| **CE250A**- Black Toner | 5 |  |
| **CE251A** - Cyan | 2 |  |
| **CE252A** – Yellow Toner | 2 |  |
| **CE253A** – Magenta Toner | 1 |  |
| **CE278A** – Black Toner for HP- P1606dn Printer | 30 |  |
| **Q7553A –** HP Laser Print Cart. |  |  |
| **Q6470A –** Black Cart. | 1 |  |
| **Q7581A - Cyan** laser cart. |  |  |
| **Q7582A –** Yellow laser Cart. |  |  |
| **Brother DR 720** |  |  |
| **Brother TN 750** |  |  |
| **C9351A –** Black Cart. MV Fax |  |  |
| **CB335WN –** Black Cart. ERF Preschool |  |  |
| **CB337WN –** Color cart. ERF Preschool |  |  |
| CF410X Black | 2 |  |
| CF411A Cyan | 2 |  |
| CF413A Magenta | 2 |  |
| CF412A Yellow | 2 |  |

**\*\*No remanufactured ink cartridges! HP products only\*\***

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Authorized Representative Date Printed Name