

# REQUEST FOR QUOTATIONS

THIS IS NOT AN ORDER

Return to:

Return by _____ on _____	Req. No.
Date	Acct. No.

To Be Delivered To:

Vendor ♦  
  
Address ♦  
  
Telephone Number ♦ ( )

PLEASE NOTE DELIVERY REQUIREMENTS AND QUOTE DEFINITE DELIERY IN NUMBER OF DAYS AFTER RECEIPT OF ORDER.  
  
QUOTATIONS TO BE BASED ON TERMS AND CONDITIONS PRINTED HEREON.

Delivery Requirements	FEIN	Terms	Delivery Date	F.O.B.
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Item Number	Quantity	Description	Unit Price	Amount
			<b>TOTAL</b>	<b>\$</b>

**HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

\_\_\_\_\_  
Vendor - Authorized Representative and Title (Please Print)

\_\_\_\_\_  
Authorized Vendor Signature