 State of Idaho

Department of Administration  
 Division of Purchasing

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**AGENCY APPROVAL**

DATE:**Date**

RFQ, ITB or RFP TITLE:**RFQ, ITB or RFP Title**

RFQ, ITB or RFP#: RFQ, ITB or RFP

CLOSED:**Month Day, Year**

CONTACT:**Agency Contact**

Buyer: **Buyer, (208) 332-****Buyer Extension**

Please review the Proposal or Bid tabulation (provided separately) and provide your award recommendation to the Buyer via e-mail.

**Agency recommends award be made as follows:**

**Enter any special award instructions**

Name of Approved Vendor:

Preferred Start Date (or Delivery Date):

Value of Initial Contract Term: $

**Approved by:**

Signature

**Name/Title:**

Printed Name and Title

**You may return your response via Facsimile (208) 327-7320 or**

**Email** **Buyer First Name. Last Name@adm.idaho.gov.**