

**DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION  
BID SHEET**

SCOPE OF WORK OR DESCRIPTION OF ITEM: (Include period of time or quantity)

1) Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone NO. \_\_\_\_\_  
TOTAL BID \$ \_\_\_\_\_ (if a bidder submits blind and sheltered workshop and/or Missouri Service-Disabled Veteran Business be sure to calculate preference – questions on evaluation see Rachel Shelley)  
**If a service and it is \$5,000 or more include the line below. If not, delete line below.**  
Yes / No I am self-employed individual with no employees

2) Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone NO. \_\_\_\_\_  
TOTAL BID \$ \_\_\_\_\_ (if a bidder submits blind and sheltered workshop and/or Missouri Service-Disabled Veteran Business be sure to calculate preference – questions on evaluation see Rachel Shelley)  
**If a service and it is \$5,000 or more include the line below. If not, delete line below.**  
Yes / No I am self-employed individual with no employees

3) Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone NO. \_\_\_\_\_  
TOTAL BID \$ \_\_\_\_\_ (if a bidder submits blind and sheltered workshop and/or Missouri Service-Disabled Veteran Business be sure to calculate preference – questions on evaluation see Rachel Shelley)  
**If a service and it is \$5,000 or more include the line below. If not, delete line below.**  
Yes / No I am self-employed individual with no employees

**If a Missouri vendor wasn't solicited – add justification below. If at least one Missouri vendor was solicited – this section can be deleted.**

Missouri First Justification:

**Person conducting the bids must have an Evaluator Training certification of file.**

Bids Conducted By: \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name