SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

_____ (Name of Board)

Quote Talley Sheet

Solicitation Number: _____ Solicitation Title: _____ Date: _____

VENDOR	IN-STATE PREFERANCE	S.C. END-PRODUCT	U.S. END-PRODUCT	ADJUSTED PRICE	PRICE

Opened By: _____

Witnessed By: _____

250-08-DD
Appendix C - Tally Sheet Template (Revised 09/18/12)

SAMPLE