COST COMPARISON FORM

PROJECT INFORMATION	
Solicitation #/Title:	
Prepared By:	Date:

Item / Service Description	Unit	Quantity	Vendor 1	Vendor 2	Vendor 3	Lowest Price
Item 1						
Item 2						
Item 3						
Item 4						
Item 5						
Item 6						
Subtotal						
Discounts (if applicable)						
Shipping / Delivery Costs						
Other (describe): _____						
Total						

Cost Summary Analysis

- Lowest Total Cost Vendor: _____
- Responsive & Responsible: ☐ Yes ☐ No
- Notes: _____