WV-49 (REV. 10/04)

State of West Virginia
Purchasing Division

VERBAL BID QUOTATION SUMMARY

Agency _____ S.A. P.O. Number _____

Date _____ WVFIMS Account Number _____

Purpose _____

Delivery Requirements:	Quotes Received By:		
Vendor:	1.	2.	3.
Telephone Number:			
Contact Person's Name:			
Shipping Date:			
Terms:			

Item	Quantity	Description	Unit Price	Amount	Unit Price	Amount	Unit Price	Amount
TOTAL:								

Reason for Award (No Bids Reason): _____

_____

_____

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.

WVFIMS Vendor #: _____ Purchase Authorized By: _____
TEAM Vendor #: _____ Title: _____