

Procurement Documentation for Small Purchase Comparison Shopping: **INDEPENDENT CENTERS AND SPONSORS OF AFFILIATED CENTERS**

Institution: _____ Sponsor ID Number: _____ Date: _____

Food and Specifications	Unit	Number of Units per Week	Name of Vendor #1		Name of Vendor #2		Name of Vendor #3		Reason for Selection if not Lowest Price
			Unit Price	Number of Units Times the Price	Unit Price	Number of Units Times the Price	Unit Price	Number of Units Times the Price	
Milk									
Meat									
Fruit									
Vegetable									
Grain/Bread									
Notes:									
Disclosure									
Vendor Selected			[]		[]		[]		

Signature of Person Completing this form: _____