

Iowa Department of Human Services
Procurement Card Program – Three Bid Documentation

| | |
|--------------------------------|---------------|
| Service Area: | Child's Name: |
| Procurement Card Holder: | Family Name: |
| Date of Purchase: | FACS ID #: |
| Description of Item Purchased: | |

| | BIDDER'S NAME AND ADDRESS | | BIDDER'S NAME AND ADDRESS | | BIDDER'S NAME AND ADDRESS | |
|---------------------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|-------------------|
| QUANTITY AND DESCRIPTION | UNIT COST | TOTAL COST | UNIT COST | TOTAL COST | UNIT COST | TOTAL COST |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL BID | | \$ | | \$ | | \$ |
| TERMS (OPTIONAL) | | | | | | |

| | |
|-----------|-----------|
| Comments: | Signed: |
| | Approved: |

Calculate!