

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

[Redacted] (Name of DSN Board/Provider)

Quote Talley Sheet

Solicitation Number: [Redacted]

Solicitation Title: [Redacted]

Date: [Redacted]

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

Opened By: _____

Witnessed By: _____