

SDF Price Check Template

To Be Completed for Each Purchase

ORGANISATION NAME: _____

PROJECT TITLE: _____

Section 1 Description of Goods or Services Required – Attach Terms of Reference

(You must provide suppliers with a clear list of requirements to ensure a comparable price-check)

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Section 2 Price-Check Details – Attach Quotations

(Prices should be sought on the same date and listed in sterling or euro. If quotations are received in euro and in sterling, convert using the exchange rate on the date quotations are sought (calculations must be attached to this document)).

| Date Quotation Requested | Supplier Name & Contact Details | | Cost £/€ | Method of Request (Eg Oral, Written, Internet) |
|--------------------------------|---------------------------------------|--|-------------|---|
| | 1 Address: | | | |
| | | | | |
| | | | | |
| | | | | |
| | Telephone No: Email: Website: | | | |
| | | | | |
| | | | | |
| | | | | |
| | 2 Address: | | | |
| | | | | |
| | | | | |
| | | | | |
| | Telephone No: Email: Website: | | | |
| | | | | |
| | | | | |
| | | | | |
| | 3 Address: | | | |
| | | | | |
| | | | | |
| | | | | |
| | Telephone No: Email: Website: | | | |
| | | | | |
| | | | | |
| | | | | |

Section 3 Summarise why you selected the supplier - explain the decision to award supply
(value for money, quality etc)

Section 4 Informing Unsuccessful Suppliers (good practice)

| | |
|--|--------|
| Have unsuccessful suppliers been informed | Yes/No |
| If yes, how was this communicated? | |
| Has supporting documentation been attached (eg emails to suppliers)? | |

| SUPPORTING DOCUMENTATION ATTACHED | Tick as a Checklist |
|---|--------------------------|
| Terms of reference detailing service or supply required | <input type="checkbox"/> |
| Quotations received | <input type="checkbox"/> |
| Calculations / workings related to conversion of currency | <input type="checkbox"/> |
| Notification to unsuccessful suppliers | <input type="checkbox"/> |
| Notification to successful supplier | <input type="checkbox"/> |

Recommended by: _____

Position: _____

Approved by: _____

Position: _____

Date: _____