



## REQUEST FOR QUOTATION

December 11, 2019

REPLY BY: December 17, 2019 by 11:00 AM EST

REPLY TO: Debbie Bailey  
Procurement Manager

PHONE NUMBER: 803-327-8010  
Email: [dbailey@yorktech.edu](mailto:dbailey@yorktech.edu)

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**DELIVERY DESTINATION TO:**

York Technical College  
452 South Anderson Road  
Rock Hill, SC 29730

**INVOICE TO:**

York Technical College  
452 South Anderson Road  
Rock Hill, SC 29730  
Accounts Payable  
PAYMENT TERMS: NET 30

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**PROJECT DESCRIPTION:**

York Technical College (YTC) is seeking quotes from authorized, responsive and responsible offerors for renewals of Adobe licenses. YTC reserves the right to purchase additional licenses as necessary at the quoted price within one year of contract award.

Offerors must complete the attached quote form and submit by 11:00 AM December 17, 2019. Award will be made to the lowest, responsible and responsive offeror.

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Do not include sales tax.

Product	Count	Part Number	Unit Cost	Extended Cost
Creative Cloud for teams- device license	18	65296911BB03A10		
Creative Cloud for teams- device license	18	65296911BB03A10		
Creative Cloud for teams- device license	5	65296911BB03A10		
Creative Cloud for teams- device license	2	65296911BB03A10		
Creative Cloud for teams- device license	1	65296911BB03A10		
Creative Cloud for teams- device license	2	65296911BB03A10		
	<b>46</b>			
Product	Count	Part Number	Unit Cost	Extended Cost
Creative Cloud for teams- 1 named user	6	65272451BB03A10		
Creative Cloud for teams- 1 named user	1	65272451BB03A10		
Creative Cloud for teams- 1 named user	4	65272451BB03A10		
Creative Cloud for teams- 1 named user	2	65272451BB03A10		
	<b>13</b>			
Product	Count	Part Number	Unit Cost	Extended Cost
CC-In Design named user	1	65272662BB03A10		
CC In-Design named user	1	65272662BB03A10		
	<b>2</b>			
Product	Count	Part Number	Unit Cost	Extended Cost
Photoshop CC named user	1	65272499BB03A10		
Product	Count	Part Number	Unit Cost	Extended Cost
Adobe Acrobat DC for teams	45	65297999BB03A10		
			<b>Total Cost:</b>	

Vendor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Person Submitting Offer: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_