



**THE MISSISSIPPI DEPARTMENT OF EDUCATION
OFFICE OF PROCUREMENT**

Program Office: _____

Name of Bid: _____

Due Date of Bids: _____

Number of Bids Received: _____

Number of Bids Meeting Requirements: _____

Number of Bids Rejected: _____

IFB/Applications/Proposals/Qualifications Not Evaluated

#	Offeror/School District/Entity	No Bid Reason Provide solicitation page # and requirement(s) not met.
1		
2		
3		
4		

**** Please obtain signatures and an approval PRIOR to the Evaluation.**

Bureau Director _____ Date _____

Procurement Director _____ Date _____

If applicable:

The Office of the Attorney General _____ Date _____