Karuk Community I 64236 Second Avenue Post Office Box 316 Happy Camp, CA 9603 Phone: (530) 493-5257 Fax: (530) 493-5270	9	Karuk Administrati Phone: (530) 493-1600 • 1 ad Avenue • Post Office Bos	ve Office	Karuk Dental Clinic 64236 Second Avenue Post Office Box 1016 Happy Camp, CA 96039 Phone: (530) 493-2201 Fax: (530) 493-5364 96039	
Requestor:				Date:	
Dept/Program:			ource:		
Check One: [[[[**Tribal Counci	Construction (Independent C Independent C	Small Purchase (less than \$5,000)			
Procurement		Three quote	s 🗌 Sealed Bid	Competitive Proposal	
	COMPAR		(Minimum of Three Re		
Compan	ny Name	Date Price	e Contact/Ph	none Indian Y/N	
Name of Selected Vendor:					
** By affixing	r your signature, you ackn	** REQUIRED SI owledge that you have reviewe		for presentation to Tribal Council.	
requestor			Dute		
**Chief Financial Officer				Date	
**Contract Compliance Specialist				Date	
**Executive Director (MOU/MOA) or TERO (Contracts)				Date	
Other			Date		