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RFQ - Invitation For Bids

Collective Number:

RFQ Date: 07/03/2014

CN00038392

		SHOW THIS NOT	MBER ON BID ENVELOPE
Issuing Office: Banks Jack Attn: Bureau of Procurement Bid Room Department of General Services 6th Floor 555 Walnut Street Harrisburg PA 17101-1914	Bidder/Contractor's Name, Addre	ess and Ph	one #:
Please Return Quotation To:	Type of Security furnished if	_	RETURN BID BY:
Banks Jack	<pre>Certified or bank cashier'</pre>	s check	BID OPENING DATE
Attn: Bureau of Procurement Bid Room	☐ Irrevocable letter of cred	lit	07/31/2014
Department of General Services	Certificate of deposit		BID OPENING TIME
6th Floor 555 Walnut Street	Other as specified by bid		1:30PM
Harrisburg PA 17101-1914	Bond - If annual bond:		EXPIRATION DATE OF
	What is the name of the princip	oal on	CONTRACT:
Items To Be Delivered To:	the bond?		(IF APPLICABLE)
	Contact Information:		
	Buyer: John Banks		DELIVERY
SEE ITEM LEVEL FOR DELIVERY ADDRESSES	Phone: 717-787-6586		DATE:
SEE IIEM DEVEL FOR DELIVERI ADDRESSES	Fax: 717-783-6241		SEE ITEMS
	E-mail: jbanks@pa.gov		
The following are incorporated by reference herein: 1) the documer any; and 3) the bid and contract terms and conditions, stored on the			

RFQ, as used herein, means Request for Quotations, Invitation for Bids, Invitation to Qualify, or Request for Proposals, as appropriate. The Bidder/Contractor, intending to be legally bound hereby, offers and agrees, if this submission is accepted, to provide the awarded items at the price(s) set forth below at the time(s) and place(s) specified.

Item No.	Description of Items	Quantity	UOM	Unit Price	Total Line Item Price
10	325055 BIOMASS FUEL SUPPLY, WOOD CHIPS Item text Item 10 - Primary Supplier Department of Public Welfare Warren State Hospital, Warren, PA Material PO text	1,999.000	TON		
20	325055 BIOMASS FUEL SUPPLY, WOOD CHIPS Item text Item 20 - Secondary Supplier Department of Public Welfare Warren State Hospital, Warren, PA Material PO text	1,999.000	TON		

INSTRUCTIONS FOR FILLING OUT THIS FORM

FOR EACH ITEM LISTED, ENTER YOUR BID AMOUNT IN THE UNIT PRICE COLUMN AND TOTAL COLUMN THEN ENTER THE TOTAL BID AMOUNT AND SIGN THIS DOCUMENT ON THE LAST PAGE



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Item No.	Description of Items	Quantity	UOM	Unit Price	Total Line Item Price
	GENERAL REQUIREMENTS FOR ALL ITEMS: *** NO FURTHER INFORMATION ***				
	NO FORTILE INFORMATION				
	Bidder/Contractor's Signature				
	SIGN AND PRINT NAME BELOW	ENTER TOTAL	BID AMO	UNT HERE ▶	
		ALL PRICES ARE			
	ED OFFICER / PARTNER / OWNER (CIRCLE ONE) DATE				