

REQUEST FOR QUOTATION

STO-93 REV. 11/08 STATE OF CONNECTICUT
(STOCK NO. 6938-69-01)

BIDDERS:

NO.1

NO.2

NO.3

BID EVALUATION			
Item No.	Bidder No.1	Bidder No. 2	Bidder No. 3
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
F.O.B			
DELIVERY COST			
TOTAL COST	\$0.00	\$0.00	\$0.00
Delivery Date			
Cash discount terms			
AWARDED TO			

ISSUED BY (Agency)		AGENCY NUMBER	(RETURN BID ATTENTION OF)	BID NO. AND OR REQUISITION NO.
AGENCY ADDRESS				DATE ISSUED
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN) (UNLESS OTHER ADDRESS IS ENTERED HERE)				DATE AND TIME BID REQUIRED
SIGNED (For Agency)	TITLE	TELEPHONE NO. & EXTENSION		DATE MATERIAL REQUIRED

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	If award is made to other than low bidder, explain here.
	SHIPPING & HANDLING INCLUDED IN BID PRICE			
				APPROVED BY (Signature)
				PURCHASE ORDER NO.
				PURCHASE ORDER DATE
	(NOTE: STATE PAYMENT TERMS ARE NET 45)			

INSTRUCTIONS

1. Type complete information in spaces provided

2. Retain the two (2) bid evaluation sheets for agency use.

3. mail each bidder his copy in standard No. 10 window envelope

Fold to marks shown on side of each sheet to corresponding number of bidder

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Please quote us your prices on the commodities listed below. All prices must be F.O.B. Destination and you must show Unit Price, Amount and Total or bid may be rejected.

Since the State of Connecticut is exempt from the payment of Federal Excise Taxes and the Connecticut Sales Tax, do not include such taxes.

NO.1

NO.2

NO.3

The undersigned bidder affirms and declares:
That this quotation is executed and signed by said bidder with full knowledge and acceptance of the provisions of Form SP-19 of current issue and in effect on the date of bid issue. Form SP-19, entitled Standard Bid Terms and Conditions, together with the Commodity Specifications, Proposal Schedule, and Contract Terms and Conditions are made a part of this request for quotation.

This is not an order. Fill in and return to STATE OF CONNECTICUT at the address shown below.

ISSUED BY (Agency)	AGENCY NUMBER	(RETURN BID ATTENTION OF)	BID NO. AND OR REQUISITION NO.
0		0	0
AGENCY ADDRESS			DATE ISSUED
0			01/00/00
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN) (UNLESS OTHER ADDRESS IS ENTERED HERE)			DATE AND TIME BID REQUIRED
			01/00/00
SIGNED (For Agency)	TITLE	TELEPHONE NO. & EXTENSION	DATE MATERIAL REQUIRED

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	To be completed by bidder
				Unit Price/Amount
	SHIPPING & HANDLING INCLUDED IN BID PRICE			

To be completed by bidder

QUOTATION NO./DATE SUBMITTED	DELIVERY AS REQ'D. ABOVE (Unless noted here)			
	TOTAL			
SIGNED	TITLE	TELEPHONE NO. AND EXTENSION	CASH DISCOUNT	PAYMENT TERMS
			% DAYS	NET 45 DAYS
VENDOR FEIN/SSN	ARE YOU INCORPORATED	PURCHASE ORDER ADDRESS (If different from bidder's address above)		
	YES NO			

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	YES NO			

STATE OF CONNECTICUT

DEPARTMENT OF ADMINISTRATIVE SERVICES

INSTRUCTIONS:

1. Use separate Purchase Requisition for each commodity class. If you need additional space use a plain Continuation Sheet and attach to this form.
2. Retain a copy for your records. Send original to DAS or DOIT.

FUNDING

☐ General

☐ Federal

☐ Other

EXPLAIN:

P.O.# _____

Req.# _____

Check One: ☐ EDP ☐ All Other

Check One: ☐ Lease/Rental ☐ Purchase ☐ Maint. ☐ Service

Planning Date*	Inventory Items Y () N () <i>If yes, attach list of Inventory Items for CORE-CT</i>	Current or Previous Contract Numbers(s)			
Requisition Date	Requisitioning Agency Name & Number	Contract Specialist	Commodity Code	Delivery Required (exact date)	
Requisitioning Agency Address		Agency Contact (for information)		Phone Number	
SHIP TO ADDRESS		AGENCY AUTHORIZATION	HEAD OF AGENCY OR AUTHORIZED AGENT (signature) DATE		
ITEM NO.	ITEM DESCRIPTION Describe in detail Products or Services requested	Quantity Required	Unit	If you solicited bids, enter low bidder prices here. If not, estimates may be provided	
				UNIT PRICE	TOTAL PRICE
	Shipping & Handling included in Bid Price Discount Terms:				
				GRAND TOTAL	
	AGENCY RECOMMENDS CONSIDERATION AS A SMALL/MINORITY BUSINESS SET ASIDE. YES <input type="checkbox"/> NO <input type="checkbox"/>				
	AGENCY HAS CONSIDERED SMALL/MINORITY BUSINESS IN SOLICITING BIDS. YES <input type="checkbox"/> NO <input type="checkbox"/>				

SUGGESTED SUPPLIER OR BIDS SOLICITED (Attach Form STO-93) Minimum 3 bids FOR APPROVAL	1.	2.	3.
	(Recommended vendor of STO-93)		
DEPARTMENT OF ADMINISTRATIVE SERVICES or INFORMATION TECHNOLOGY AUTHORIZATION	(Signature)	Print Name and Title	DATE

* CGS Sec. 4-252(e) date agency began planning this procurement