

ADDENDUM

Buyer

Telephone Number

E-mail Address

Fax Number

STATE OF CONNECTICUT
UNIVERSITY OF CONNECTICUT HEALTH CENTER
Procurement Operations & Contracts
263 Farmington Avenue, MC4036
Farmington, CT 06032-4036



RFP NUMBER:	PROPOSAL DUE DATE:	PROPOSAL DUE TIME: EST	RFP SURETY:
RFP TITLE:			

RFP ADDENDUM NUMBER: _____

DATE ADDENDUM ISSUED: _____

FOR: The University of Connecticut Health Center

NOTE TO PROPOSER:

This Addendum must be Signed & Returned with your proposal.	
_____	_____
<i>Authorized Signature of Proposer</i>	<i>Company Name</i>

Approved By: _____

[_____]

Fiscal Administrative Officer

(Original Signature on Document in Procurement Files)

END OF ADDENDUM