Rev. 1/12

## **STATE OF CONNECTICUT**

Telephone Number

E-mail Address

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



Fax Number

RFP NUMBER:	PROPOSAL DUE DATE:		PROPOSAL DUE TIME:	RFP SURETY:
			EST	
RFP TITLE:				
RFP ADDENDUM NUI	MBER:			
DATE ADDENDUM IS	SUED:			
	FOR:	The University of C	Connecticut Health Center	
NOTE TO PROP	OSER:			
This Addendum must be	Signed &	& Returned with you	ur proposal.	
Authorized Signature of Pr	oposer		Company Name	
_				
		Appro	oved By:	1

Fiscal Administrative Officer

(Original Signature on Document in Procurement Files)