

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

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			

BIDDERS:

NO.1	
NO.2	
NO.3	

ISSUED BY (Agency) <i>Department of Rehabilitation services</i>	AGENCY NUMBER	(RETURN BID ATTENTION OF)	BID NO. AND OR REQUISITION NO. <i>2014-SDR-01</i>
AGENCY ADDRESS <i>25 Sigourney Street, 6<sup>th</sup> floor, Hartford, CT 06106</i>			DATE ISSUED <i>9/13/13</i>
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN) (UNLESS OTHER ADDRESS IS ENTERED HERE) <i>Attention: Michelle Provost</i>			DATE AND TIME BID REQUIRED <i>9/20/13 - 5:00 p.m.</i>
SIGNED (For Agency) <i>[Signature]</i>	TITLE <i>F.A.m. 1</i>	TELEPHONE NO. & EXTENSION <i>860-616-7321</i>	DATE MATERIAL REQUIRED <i>9/20/13</i>

ITEM NO.	DESCRIPTION	UNIT	QUANTITY	If award is made to other than low bidder, explain here.
<i>1</i>	<i>Snack Vending machine - merchant size (model # 181)</i>	<i>EA</i>	<i>3</i>	
<i>2</i>	<i>Beverage Vending machine - Narrow Bevmax 4 (model # 3800-4)</i>	<i>EA</i>	<i>1</i>	
<b>SHIPPING &amp; HANDLING INCLUDED IN BID PRICE</b>				
(NOTE: STATE PAYMENT TERMS ARE NET 45)				

APPROVED BY (Signature)
PURCHASE ORDER NO.
PURCHASE ORDER DATE

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