

Buyer

## UNIVERSITY OF CONNECTICUT HEALTH CENTER

Telephone Number

Procurement Operations & Contracts

E-mail Address

263 Farmington Avenue, MC4036

Fax Number

Farmington, CT 06032-4036

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

ADDENDUM NUMBER: \_\_\_\_\_

DATE ADDENDUM ISSUED: \_\_\_\_\_

FOR: The University of Connecticut Health Center

NOTE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This Addendum must be Signed & Returned with your proposal.**

\_\_\_\_\_  
*Authorized Signature of Proposer*

\_\_\_\_\_  
*Company Name*

Approved By: \_\_\_\_\_

[ \_\_\_\_\_ ]

Buyer

(Original Signature on Document in Procurement Files)