

REQUEST FOR PROPOSAL ADDENDUM UCHC RFP-11 Form

Rev. 2/15

nn Brown

Buyer i0-679-3927

Telephone Number

orown@uchc.edu

E-mail Address

30-679-2508

Fax Number

UNIVERSITY OF CONNECTICUT HEALTH CENTER

Procurement Operations & Contracts 263 Farmington Avenue, MC4036 Farmington, CT 06032-4036

RFP NUMBER:	PROPOSAL DUE DATE:		PROPOSAL DUE TIME:		RFP SURETY:	
UCHC 5-2804	January 3, 2018		2:00 PM	EST	NA	
RFP TITLE:	RFP TITLE: Pharmacy Distribution - Primary Wholesaler for Pharmaceuticals					
ADDENDUM N	UMBER:	2				
DATE ADDENDUM ISSUED:		December 12, 2017				
FOR: The University of C			Connecticut Health C	enter		
NOTE: Bid Due Date Extende			ed to January 15, 2018	@ 2:00 PI	M	
	28		*			
				× ×		
This Addendum must be Signed & Returned with your proposal.						
Authorized Signature of	Proposer		Company Name			

Approved By:

Lynn Brown

Buyer

(Original Signature on Document in Procurement Files)