

REQUEST FOR PROPOSAL ADDENDUM UCHC RFP-11 Form

RFP SURETY:

Rev. 2/15

nn Brown

Buyer

10-679-3927

30-679-2508

Telephone Number

prown@uchc.edu

E-mail Address

RFP NUMBER:

Fax Number

## UNIVERSITY OF CONNECTICUT HEALTH CENTER

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

PROPOSAL DUE TIME:

UCHC 5-2804	January 15, 2018		2:00 PM	EST	NA
RFP TITLE:	UCHC 5-2804 : Pharmacy Distribution – Primary Wholesaler for Pharmaceuticals				
ADDENDUM NU	MBER:	3			
DATE ADDENDUM ISSUED:		December 12, 2017			
FOR:		The University of Connecticut Health Center			
	NOTE:	Bid Due Date Extended to January 20, 2018 @ 2:00 PM			
		Attached Response to Written Questions			
	) <u>.</u>				
This Addendum must be Signed & Returned with your proposal.					
Authorized Signature of Proposer Company Name					
			0		

PROPOSAL DUE DATE:

Approved By:

Lynn Brown

Buyer

(Original Signature on Document in Procurement Files)