

REQUEST FOR PROPOSAL ADDENDUM UCHC RFP-11 Form Rev. 2/15

RFP SURETY:

Lynn Brown

Buyer 860-679-3927 Telephone Number lybrown@uchc.edu

RFP NUMBER:

E-mail Address 860-679-2508

Fax Number

## UNIVERSITY OF CONNECTICUT HEALTH CENTER

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

PROPOSAL DUE TIME:

UCHC 5-2804	Ja	anuary 3, 2017	2:00 PM	EST	NA
RFP TITLE:		Pharmacy Distribution	ı - Primary Wholesaler f	for Pharma	ıceuticals
ADDENDUM N	UMBER:	1			
DATE ADDENDUM ISSUED:		November 28, 2017			
FOR:		The University of Connecticut Health Center			
NOTE:		Questions Due Date has changed to December 4, 2017			
This Addendum must be Signed & Returned with your proposal.					
Authorized Signature of Proposer			Company Name		

PROPOSAL DUE DATE:

Buyer
(Original Signature on Document in Procurement Files)

Lynn Brown

Approved By: