|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| East Mississippi State Hospital | | | | Attention: Deborah Routt Purchasing Director | | | |
| 1818 College Drive | | | |  | | | |
| P.O. Box 4128 West Station | | | |  | | | |
| Meridian, MS 39304-4128 | | | | **BID OPENING DATA** | | | |
| Office: (601) 581-7931 | | | |  | | | |
|  | | | |  | | | |
| Bidder’s Name | | |  | BID NO. | 19-18 | | |
| Attention | | |  | RFX NO. | 3140001665 | | |
|  | | |  | DATE | January 30, 2019 | | |
|  | | |  | TIME | 10:00 a.m. | | |
|  | | |  | PLACE | EMSH Office of Purchasing | | |
|  | | | | | | | |
| QUANTITY  (No. of Units) | UNIT | DESCRIPTION OF ITEM | | | | UNIT COST | AMOUNT |
| 1 | EA | New Full Size Commercial ADA Wheelchair Van With Lift | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  | Delivery Charge (If Applicable) | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  |  | | | |  | $ |
|  |  | \*\*Title & Bill of Sale: Successful bidder will be required to furnish | | | |  | $ |
|  |  | Manufacturer’s Certificate of Origin, notarized Bill of Sale, and Title | | | |  | $ |
|  |  | (if applicable) before or at the time of equipment delivery.\*\* | | | |  | $ |
|  |  |  | | | |  | $ |
|  | | | | | | | |
|  |  |  | | | | TOTAL | $ |

**Bids shall be made out on this form, sealed in an envelope and plainly marked on the outside:**

**Bid Accepted Only When Submitted on This Form**

Date:

Telephone Number:

Fax:

Firm:

By: Date:

Address: State: Zip:

**ALL QUOTATIONS MUST BE SIGNED AND DATED IN INK**

**East Mississippi State Hospital reserves the right to reject any and/or all bids and waive informalities.**