|  |  |
| --- | --- |
| 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.**