STATE OF MISSISSIPPI
MS STATE HOSPITAL
Req. for Information

RESPONSES REQUIRED BY:

Submission Date	: 02/01/2023
Submission Time	: 00:00:00 CST

RESPONSES OPENED ON:

Opening Date	: 02/01/2023
Opening Time	: 10:00:00 CST

VENDOR NO:
VENDOR NAME & ADDRESS:
(To be completed by Vendor)

SUBMIT NON-ELECTRONIC RESPONSE:

TO :
PO BOX 157A
WHITFIELD MS 39193
US

DELIVERY POINT

RFx number	: 3150004761
Smart number	: 3374-23-R-RFIN-00004
Buyer	: WF-BATCH
Buyer Phone	:
Email	: no-reply@dfa.ms.gov

NOTICE TO VENDOR:
Contractual FT RN for Nursing Homes.

Vendor Telephone Number	Title	Date

(Typed or printed) Name of Bidder	Signature of Authorized Bidder

RFx number	**:** 3150004761		**Submission Date**	**:** 02/01/2023	**Time :** 00:00:00 CST	
Smart number	**:** 3374-23-R-RFIN-00004		**Opening Date**	**:** 02/01/2023	**Time :** 10:00:00 CST	
Item	**Change Indicator**	**Product No. / Mfg. Part No.**	**Description**	**Delivery / Req.date**	**Qty**	**Unit**
# 1			Product Category : 94864 Contract RNS FT		42.000	HR