

**VENDOR NO:** 

## STATE OF MISSISSIPPI MS DEPT OF INSURANCE **Invitation for Bid**

## **RESPONSES REQUIRED BY:**

Submission Date : 03/21/2017 Submission Time : 10:00:00 CST

## **RESPONSES OPENED ON:**

VENDOR NAME & ADDRESS: (To be completed by Vendor)	Opening Date Opening Time	: 03/21/2017 : 10:00:00 CST
	SUBMIT NON-ELE TO: 501 NORTH WEST SUITE 1001 JACKSON MS 3920 US	

**DELIVERY POINT** 

: 3160001425 RFx number

Smart number : 1501-17-R-IFBD-00005

Buyer : Jan Francis Buyer Phone : (601) 359-2540

: JAN.FRANCIS@MID.MS.GOV Email

QUESTIONS TO BE COMPLETED BY VENDOR	REQUIRED
Did you complete the attached Bid Form?	
Did you mail the Bid Form to MID by the deadline stated in the Invitaion for Bid?	
Did you attach the Bid Form to your Bid in Magic?	

## NOTICE TO VENDOR:

The purpose of this Invitation for Bid is the purchase of smoke alarms.

Vendor Telephone Number	Title	e Date		
(Typed or printed) Name of Bidder	Signature of Authorized Bidder			

RFx number : 3160001425						10:00:00 CST 10:00:00 CST	
Item		Product No. / Mfg. Part No.	Description	Delivery / Req.date	Qty	Unit	
# 1			Product Category : 34080 Smoke Alarms Powered By A Non-Replaceable Lithium Battery With A		1	EA	