

MS Department of Public Safety

BID FORM

Bid# 3160000578

VENDORS ARE REQUIRED TO USE THIS BID FORM

(Vendors must mail one original copy to MDPS and submit one electronic copy via MAGIC.)

<u>Description</u>	<u>Single Item Price</u>
Gas Chromatograph/Mass Selective Detector	\$ _____
Labor	\$ _____
Installation	\$ _____
Total	\$ _____

Please attach any information with this bid form on the make and model of the GG/MSD that you are offering.

VENDOR INFORMATION (Please Complete All Sections Below)

Company Name: _____

Company Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Company Representative Name (Print): _____

Company Representative Signature: _____

Date: _____