

REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

RFQ-10-59

Please return quote to:
 City of Winter Haven
 Procurement Service Division
 P.O. Box 2277
 Winter Haven, FL 33883-2277

For additional information and clarification contact:

* Department Name: **Technology Services**

*Contact Person: **Cliff Hartsfield**

*Telephone #: **863-291-5679**

DATE ISSUED: 8/17/2010

Please quote on the following items:

Item*	Quantity*	Description*	Unit Cost	Total Cost
No Substitutions				
A	1	March Networks 4208 C (4208C NVR) 8 Channel NVR with 1.5 TB HDD Storage, and VGA Port	\$ _____	\$ _____
B	1	March Networks 4216 C (4216C NVR) 16 Channel NVR with 2.0 TB HDD Storage, and VGA Port	\$ _____	\$ _____
Total Items A-B				\$ _____

Prices must be valid for 90 days.

Procurement Services Division Director: 

DELIVERY WANTED: Within 2 Weeks ARO

We offer to sell you as above F.O.B., Winter Haven, Florida. Delivery can be made in _____ days from receipt of order.

Date: _____ Return this quotation **NOT LATER THAN 2:00 P.M., 08/26/10**

TO: Procurement Services Division, **address above or FAX TO 863-291-5666**

SIGNATURE: _____

**COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____

FAX: _____

W-9 MUST BE ATTACHED TO THE RFQ WHEN RETURNED BY THE RESPONDING VENDOR.

****PAYMENT WILL BE RENDERED TO THE NAME AND ID APPEARING ON THE W-9.**