

REQUEST FOR QUOTATION

RFQ-10-60 _____

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

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: **Mike Adams**

*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	19	Bosch VDN-495V03-20S CAMERA FLEXIDOME-DN, DAY/NIGHT NTSC, 540TVL, 12VDC/24VAC 60 CAMERA FLEXIDOME-DN, DAY/NIGHT NTSC, 540TVL, 12VDC/24VAC 60HZ, W/3-9MM F1.4 VARIFOCAL, WHITE, SMB.	\$ _____	\$ _____
		*** Must be installed by September 15, 2010		

* To be filled out by dept.

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.**