

REQUEST FOR QUOTATION

RFQ-11-08 _____

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: Police

*Contact Person: Captain Brannan

*Telephone #: 863-291-5663

DATE ISSUED:

20-Oct-10

Please quote on the following items:

| Item* | Quantity* | Description* | Unit Cost | Total Cost |
|--|-----------|--|-----------|------------|
| A | 1 case | Dupont Tychem ThermoPro Suit (size 2XL) | \$ _____ | \$ _____ |
| B | 2 cases | Dupont Tychem ThermoPro Suit (size 4XL) | \$ _____ | \$ _____ |
| C | 1 box | Nitrile Green Outer Gloves (size 10) | \$ _____ | \$ _____ |
| D | 1 box | Nitrile Green Inner Gloves (size XL) | \$ _____ | \$ _____ |
| E | 1 case | 97590 Onguard Hazmat over boot (size 2 XL) | \$ _____ | \$ _____ |
| F | 25 | P100 Advantage cartridges for respirator | \$ _____ | \$ _____ |
| G | 1 case | Tychem Type "F" Suit (size 2XL) | \$ _____ | \$ _____ |
| H | 2 cases | Tychem Type "F" Suit (size 4XL) | \$ _____ | \$ _____ |
| | | Total, Items A-H | | \$ _____ |
| Vendor must be able to provide all items listed above. The Department wants to purchase all items from one (1) vendor and not multiple vendors. | | | | |
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* To be filled out by dept.

Prices must be valid for 90 days.

Procurement Services Division Director: 

DELIVERY WANTED:

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., 11/04/10**

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

SIGNATURE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____