

# REQUEST FOR QUOTATION

RFQ-11-79

CITY OF WINTER HAVEN  
" An Equal Opportunity Employer"

Please return quote to:  
City of Winter Haven  
Procurement Service Division  
401 6th St SW  
Winter Haven, FL 33880

For additional information and clarification contact:  
Department Name: Procurement Services/  
Central Stores

Contact name: Judie Serode or Larry Hulyo

Telephone #: 863-291-5664

DATE ISSUED: July 22, 2011

Please quote on the following items:

--	--	--	--	--

Proposal to furnish to the City of Winter Haven, miscellaneous janitorial supplies for Central Stores  
401 6th St SW, Winter Haven, FL 33880

Prices bid must be firm delivered price good for twelve (12) months. The City will order items as needed over a twelve (12) month period. The City may extend the contract for four (4) additional twelve (12) month periods if there is no increase in prices and both the City and the the successful bidder(s) are in agreement to the extension

--	--	--	--	--

Bidders shall submit bids on the Proposal and Bid Form furnished by the City. An Excel proposal and Bid Form is located on the website. You will be able to enter your unit prices, and it will calculate the totals for you. Please complete, print this out, and turn in along with all other necessary bid documents. Be sure to scroll up and down completely to fill in all bid items.

Specifications are on the Proposal and Bid Form.

--	--	--	--	--

We anticipate awarding contract November 2011

--	--	--	--	--

The City of Winter Haven reserves the right to split awards or combine awards,  
or to make any such award that is in the City's best interest.

--	--	--	--	--

Procurement Services Division: Judie Serode

DELIVERY WANTED: Within one week ARO  
We offer to sell you as above F.O.B., Winter Haven, Florida. Delivery can be made in \_\_\_\_\_ days from receipt of order.

**Quotation must be received NO LATER THAN 2:00 P.M., August 17, 2011**  
to: Procurement Services Division, address above or FAX TO 863-291-5666

SIGNATURE: \_\_\_\_\_

\*\*COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_