REQUEST FOR QUOTATION

RFQ-12-35

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 Service**
***Contact Person:** **Cliff Hartsfield**
***Telephone #:** **863-291-5679**

DATE ISSUED: 1/20/2012

Please quote on the following items:

Item*	Quantity*	Description*	Unit Cost	Total Cost
A	20	Bosch IP cameras	$	$
		VDN-495V03-20P		
		NO Substitutions		
		Must be delivered by Feb.15th, 2012		

* To be filled out by dept.

Prices must be valid for 90 days.
Procurement Services Division Director: Bob Bishop

DELIVERY WANTED: by Feb 15th, 2012
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., February 1, 2012**
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.**