

ADVERTISED BID
CITY OF ST. LOUIS

OFFICE OF THE SUPPLY COMMISSIONER
 1200 MARKET ST RM 324
 ST LOUIS MO 63103-2842



REQUEST FOR QUOTE
 22022Q0041

PAGE
 1

ADDRESS CORRESPONDENCE TO

... We agree to furnish the following articles to the City of St. Louis, free of any extra charges, in the quantity named and at the prices respectively stated:

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SEE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS QUOTATION SHEET.

DATE PRINTED 10/12/21	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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REPLY DUE BY: 11/04/21 12:00 O'CLOCK NOON

NEEDED BY DATE	QUANTITY	UNIT	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
	REQ LINE NUMBER : 0001					
	2	EA	CITY	17534007		
	CHEMTROL, PC2100 PROGRAMMABLE ORP/PH PROB					
	DELIVERY: PARKS DEPARTMENT (STOREROOM) 5600 CLAYTON AVE (FOREST PARK) 63110					
	FOR: CHLORINATION-HEALTH (KEINER FOUNTAIN & ALOE PLAZA)					
	NO BRAND SUBSTITUTION** **TO MATCH EXISTING EQUIPMENT*****					
	BRAND ----- PRODUCT NO. -----					
	OR ACCEPTABLE EQUAL; UNLESS "NO SUBSTITUTE" ALLOWED MANUFACTURER BRAND AND/OR CATALOG DESCRIPTION IN SPECIFYING ANY ITEM DOES NOT RESTRICT BIDDERS TO THAT MANUFACTURER, BRAND, OR CATALOG DESC. IDENTIFICATION THE BIDS SUBMITTED MUST BE OF SUCH CHARACTER, QUALITY, AND/OR EQUIVALENCE THAT IT WILL SERVE THE PURPOSE FOR WHICH IT IS TO BE USED EQUALLY WELL AS THAT SPECIFIED, AND BE ACCEPTABLE TO THE USING DEPARTMENT. BIDDER MUST FURNISH COMPLETE DATA AND INFORMATION FOR ITEMS BID THAT DO NOT MEET THE SPECIFICATIONS LISTED IN THE BID.					
					TOTAL →	

NAME OF FIRM	STATE DELIVERY:	COMPTROLLER	Date
ADDRESS	CALENDAR DAYS		
CITY	STATE	SIGNED BY:	SUPPLY COMMISSIONER Date
PHONE	Area Code ()		

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NEEDED BY DATE	QUANTITY	UNIT	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>***** BIDS WILL BE AWARDED BASED ON OFFICIAL SPECIFICATIONS PROVIDED BY SUPPLY DIVISION ONLY & ANY RELATED ADDENDA. ALL INQUIRIES RELATED TO THIS BID MUST BE IN WRITING (LETTER/E-MAIL/FAX) TO TIFFANIE WALKER: WALKERTI@STLOUIS-MO.GOV/F: 314-622-4141/P:314-622-4692 ***** CHECK HERE FOR AN E-MAILED BID TABULATION: ALLOW UP TO 30 DAYS FOR TABULATION.</p> <p>STATE BEST GUARANTEED DELIVERY: _____ A.R.O.</p> <p>ALL ITEMS SHALL BE F.O.B. DESTINATION</p> <p>FREIGHT OR DELIVERY CHARGES MUST BE INCLUDED IN QUOTE OR INDICATED BELOW IN ORDER TO RECEIVE PAYMENT!</p> <p>() FREIGHT IS INCLUDED IN THE QUOTE PROVIDED - OR - () WE WILL CHARGE \$ _____ FREIGHT/DELIVERY</p> <p>THE CITY RESERVES THE RIGHT TO SPLIT AWARDS, VENDOR MUST INDICATE (SPLIT) OR (ALL OR NONE) FOR MULTI LINE BIDS.</p> <p>----- BIDDING "ALL OR NONE" ----- SPLIT AWARD ACCEPTABLE</p>						
					TOTAL →	

NAME OF FIRM	STATE DELIVERY: CALENDAR DAYS	COMPTRROLLER	Date
ADDRESS			
CITY	STATE	SIGNED BY:	SUPPLY COMMISSIONER
PHONE	Area Code ()		Date

