

VENDOR

DATE PRINTED

RFQ COPY

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130 Charleston, WV 25305-0130

TERMS OF SALE

Request for Quotation

SHIP VIA

RFQ NUMBER BMS60643 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 304-558-0067

TYPE NAME/ADDRESS HERE

HEALTH AND HUMAN RESOURCES SHIP BUREAU FOR MEDICAL SERVICES ROOM 251 350 CAPITOL STREET CHARLESTON, WV 25301-3709 304-558-1737

| 05/12/ | | | | | | | | | | |
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| BID OPENING DATE: | 06/15 | /2006 | | | BID | OPENING TIME | 01:30PM | | | |
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| | DID. | | | | | | * | | | |
| | PLEASE NOTE | THE F | OLLOW | ING ATTA | CHMENTS: | | | | | |
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| SIGNATURE | SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE DATE | | | | | | | | | |
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| | | La III | | | | ADDRESS CHANGES TO BE NOTED ABOVE | | | | |

| WV-36a STATE OF WEST VIRGINIA PURCHASING CONTINUATION SHEET | Buyer: | Page | Req. or P. O. No.: |
|---|---------------|---------|--|
| Vendor: | Spending Un | it: | |
| | | | ************************************** |
| R | equisition N | lo.: | BMS60643 |
| ADDENDUM ACKNOWI | LEDGEMEN | ٧T | |
| I hereby acknowledge receipt of the following che the necessary revisions to my proposal, plans an | | | |
| | | | |
| Addendum No.'s: | | | |
| No. 1 | | | |
| No. 2 | | | |
| No. 3 | | | |
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| I understand that failure to confirm the recereighterion of bids. | eipt of the a | ddendu | ım(s) is cause for |
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| | S | ignatur | e |
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| Exhibit 10 Rev. 11/96 | | | |