



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

Request for Quotation

RFQ NUMBER
MCH11125

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/24/2011				

BID OPENING DATE: 04/07/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. QUESTIONS AND ANSWERS ARE ATTACHED.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: MCH11125						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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 2019 Washington Street East
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VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

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03/24/2011				

BID OPENING DATE: 04/07/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p>..... SIGNATURE COMPANY DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TELEPHONE	DATE	
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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03/24/2011				

BID OPENING DATE: **04/07/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	2,500	VIAL		270-19		
	DOXYCYCLINE	100 MG 14		TABS/CAPSULES/VIAL OR EQUAL		
***** THIS IS THE END OF RFQ MCH11125 ***** TOTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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**Addendum #1
MCH11125**

Vendor Question #1:

Could we get a copy of the winning bid from last year and a copy of the labeling used for the medication?

BPH Response to Vendor Question #1:

Copy of the contract that ended on February 28, 2011 is attached. A legible copy of an actual label used for the medication under the expired contract is attached. However, actual information including location of information as it appears on one of the actual labels is attached but is not scaled to size. Please note that that the actual label and the attached example label do not meet the specifications that will be required for the new contract to be awarded. Vendor bid regarding medication labels for this new contract will meet requirements 9 – 13 contained in the specifications of MCH11125. Interested vendors will provide an actual size copy of its label as confirmation that requirements 9 – 13 are met.

PEEL HERE


PEEL HERE

FLUCONAZOLE 150 MG TABLET
NDC: 0172541211
NPS NDC: 0172541211
EXP: 02/2017
LOT: W211026

FLUCONAZOLE 150 MG TABLET
NDC: 0172541211
NPS NDC: 0172541211
EXP: 02/2017
LOT: W211026

FLUCONAZOLE 150 MG TABLET
NDC: 0172541211
NPS NDC: 0172541211
EXP: 02/2017
LOT: W211026

FLUCONAZOLE 150 MG TABLET
NDC: 0172541211
NPS NDC: 0172541211
EXP: 02/2017
LOT: W211026

<p>FLUCONAZOLE 150 MG TABLET SAMPLE</p>	
<p>DATE: _____</p> <p>TAKE (1) TABLET ORALLY</p> <p>DO NOT DRINK ALCOHOL WHILE TAKING THIS MEDICATION. STORE AT 68-77F</p> <p>Produced by:  Manufactured by: _____</p>	<p>PATIENT# _____</p> <p>QTY: 01</p>
<p>CAUTION: GENERAL LAW ENFORCEMENT OFFICERS: THIS DRUG IS TRANSFERED BY OTHER THAN FOR WHO IT WAS PRESCRIBED. KEEP OUT OF THE REACH OF CHILDREN.</p>	
<p>GENERAL DESCRIPTION: PINK, OVAL, 5x12, 150</p>	



State of West Virginia
 Department of Administration
 Purchasing Division
 2010 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Purchase Order

ORDER NUMBER
 MCH10072

PAGE
 1

FRANKE RELEASE
 00

CORRECT PURCHASE ORDER NUMBER
 MUST APPEAR ON ALL PACKAGES,
 INVOICES, AND SHIPPING PAPERS.
 QUESTIONS CONCERNING THIS PUR-
 CHASE ORDER SHOULD BE DIRECTED
 TO THE BUYER AS NOTED BELOW.

FRANKE RELEASE

SEE REVERSE SIDE FOR
 TERMS AND CONDITIONS

HEALTH AND HUMAN RESOURCES
 BPH - MATERNAL & CHILD HEALTH
 350 CAPITOL STREET, ROOM 427
 CHARLESTON, WV
 25301-3714

AGENCY COPY

*303141648 724-465-8762
 REMEDYREPACK INC
 655 KOLTER DRIVE
 INDIANA PA 15701

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE	TERMS	QUANTITY	UNIT PRICE	AMOUNT
03/04/2010	NET 30	204037334		
BEST WAY		DESTINATION	PREPAID	MUL-MUL
<p>OPEN-END BLANKET CONTRACT</p> <p>THE VENDOR, REMEDY REPACK INC., AGREES TO ENTER WITH THE AGENCY, WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES INTO AN OPEN END CONTRACT TO PROVIDE FAMILY PLANNING PROGRAM SERVICES FOR PHARMACEUTICAL REPACKAGING AT 900 BULLITT STREET, CHARLESTON, WV 25301 PER THE SPECIFICATIONS, TERMS & CONDITIONS, BID REQUIREMENTS, ADDENDUM NO. 1 DATED 1/27/2010 AND THE VENDOR'S PROPOSAL DATED 2/8/2010 INCORPORATED HEREIN BY REFERENCE AND MADE A PART OF HEREOF.</p>				
0001	03/01/2010	VIAL DOXYCYCLINE 100 MG	270-19 14 TABS/VIAL	1.50000
0002	03/01/2010	VIAL TETRACYCLINE 500 MG	270-19 28 TABS/VIAL	2.20000
0003		VIAL		1.75000

RECEIVED
 MAR 10 AM 9:37
 OMC OF BPH PROGRAMS

PURCHASING DIVISION
 CERTIFIED ENCUMBERED
 MAR - 5 2010
Beverly Toler

IF APPROVAL AS TO FORMS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

APPROVED FOR
ONE FISCAL YEAR

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

ROBERTA DAGNER 304-558-0067

BY *[Signature]*
 PURCHASING DIVISION AUTHORIZED SIGNATURE



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
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Purchase Order

MCH10072

PAGE
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00

ORANGE 20000

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**HEALTH AND HUMAN RESOURCES
 BPH - MATERNAL & CHILD HEALTH**
 350 CAPITOL STREET, ROOM 427
 CHARLESTON, WV
 25301-3714

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

*303141648 724-465-8762
 REMEDYREPACK INC
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HEALTH AND HUMAN RESOURCES
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 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED	FORM NO.	ISSUE DATE	REVISED
03/04/2010	NEF 30	204037334	
BEST WAY	DESTINATION	PREPAID	MUL-MUL
LINE	QUANTITY	UNIT PRICE	AMOUNT
0004	03/01/2010 FLAGYL 500 MG 14 TABS/VIAL VIAL	270-19 1.30000	
0005	03/01/2010 CIPROFLOXACIN 500 MG 1 TAB/VIAL VIAL	270-19 1.20000	
	03/01/2010 FLUCONAZOLE 150 MG 1 TAB/VIAL VIAL	270-10	
EXHIBIT 3			
LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON 03/01/2010 AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.			
UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.			

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

(TOTAL)

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

BY _____
 PURCHASING DIVISION AUTHORIZED SIGNATURE



Purchase Order
 State of West Virginia
 Department of Administration
 Purchasing Division
 2010 Washington Street East
 Post Office Box 60130
 Charleston, WV 25306-0130

PURCHASE ORDER NO.
MCH10072

3

BANK REFERENCE
 00

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FRANCE NUMBER

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

**HEALTH AND HUMAN RESOURCES
 BPH - MATERNAL & CHILD HEALTH**
 350 CAPITOL STREET, ROOM 427
 CHARLESTON, WV
 25301-3714

*303141648 724-465-8762
 REMEDYREPACK INC
 655 KOLTER DRIVE
 INDIANA PA 15701

**HEALTH AND HUMAN RESOURCES
 BPH - OMCPH
 MATERIALS MANAGEMENT**
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	BUYER'S ORDER NUMBER	BUYER'S PHONE
03/04/2010	NET 30	204037334	
BEST WAY	DESTINATION	PREPAID	MUL-MUL
<p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT.</p>			

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

TOTAL

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

BY _____
 PURCHASING DIVISION AUTHORIZED SIGNATURE



State of West Virginia
 Department of Administration
 Purchasing Division
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Purchase Order

PURCHASE ORDER NO.
MCH10072

PAGE
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STATE AGENCY
00

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**HEALTH AND HUMAN RESOURCES
 BPH - MATERNAL & CHILD HEALTH**

**350 CAPITOL STREET, ROOM 427
 CHARLESTON, WV**

25301-3714

OFFICE CODE

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

*303141648 724-465-8762
 REMEDYREPACK INC
 655 KOLTER DRIVE

 INDIANA PA 15701

**HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV**

25301 304-558-3417

DATE PRINTED	TERM OF SALE	PRINTING	LINE
03/04/2010	NET 30	204037334	
BEST WAY	DESTINATION	PREPAID	MUL-MDL
LINE	QUANTITY	UNIT	AMOUNT
WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN. ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT. BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER. THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM. REV. 05/26/2009			

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

TOTAL

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

BY _____
 PURCHASING DIVISION AUTHORIZED SIGNATURE

Remedy Repack

COST SHEET FOR MCH10072

Item #	Approx. Annual Usage	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL COST
1	2500 VIALS		DOXYCYCLINE 100 MG 14 TABS/VIAL	\$1.50	\$3,750.00
2	500 VIALS		TETRACYCLINE 500 MG 28 TABS/VIAL	2.20	1,100.00
3	3500 VIALS		FLASTI 500 MG 14 TABS/VIALS	1.75	6,125.00
4	25 VIALS		CIPROFLOXACIN 500 MG 1 TAB/VIAL	1.30	32.50
5	1000 VIALS		FLUCONAZOLE 150MG 1 TAB/VIAL	1.20	1,200.00
			TOTAL COST		\$12,207.50

Award will be made to the vendor with the lowest overall cost who meets specifications.

Vendor must submit an original itemized invoice for each order. Payment will be made in arrears after receipt of each completed order. Orders will be placed on an as needed basis.



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Purchase Order

PURCHASE ORDER NUMBER
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DATE

INVOICE RELEASE
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HEALTH AND HUMAN RESOURCES
BPH - MATERNAL & CHILD HEALTH

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CHANGE ORDER

**SEE REVERSE SIDE FOR
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*303141648 724-465-8762
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 INDIANA PA 15701

HEALTH AND HUMAN RESOURCES
BPH - OMCFH
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25301 304-558-3417

DATE		TERMS OF SALE		NUMBER		FUND	
03/04/2010		NET 30		204037334			
SHIP VIA		SHIP TO		PURCHASER'S ACCOUNT NUMBER		ACCOUNT NUMBER	
BEST WAY		DESTINATION		PREPAID		MUL-MUL	
LINE	QUANTITY	NO. OF PACKS	VENDOR PART NO.	UNIT PRICE	AMOUNT		
	DELIVERY DATE	CATNO	ITEM NUMBER				
RECEIPT TICKET FOR PURCHASE ORDER:					MCH10072		
LINE	CATNO	ITEM NUMBER	DESCRIPTION	QTY	DATE		
0001		270-19	DOXYCYCLINE 100 MG 14 TABS/VIAL				
0002		270-19	TETRACYCLINE 500 MG 28 TABS/VIAL				
0003		270-19	FLAGYL 500 MG 14 TABS/VIAL				
0004		270-19	CIPROFLOXACIN 500 MG 1 TAB/VIAL				
0005		270-10	FLUCONAZOLE 150 MG 1 TAB/VIAL				
				SIGNATURE _____		DATE _____	
TOTAL							

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

BY _____
 PURCHASING DIVISION AUTHORIZED SIGNATURE