

VENDOR

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TYPE NAME/ADDRESS HERE

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

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ADDRESS CORRESPONDENCE TO ATTENTION OF:

PAUL	REYNOLDS
304-5	58-0468

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PAUL REYNOLDS	
1101 1111110110	
04-558-0468	
<del>''                                   </del>	

ALL STATE AGENCIES AND POLITICAL SUBDIVISIONS VARIOUS LOCALES AS INDICATED BY ORDER

DATE PRI										
02/04 BID OPENING DATE LINE		j <del>02/28/</del> ntity	2013 uor	CAT. NO.	ITEMNU	Control of the Contro	OPENING UNIT	TIME 1	÷30PM AM	OUNT
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	1) TO	CHANGE	SECT	ION B	IDENTIF	CATION:				
	FRO	M: SEC	TION	B - R	EBATES					
	TO:	SE	CTION	2 -	REBATES					
	2) ADD	: ESTI	MATED	MAUQ	TITY AMOU	NTS				
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TITLE		FE	in			•	ADD	RESS CHANGE	S TO BE NOTE	) ABOVE

## **SOLICITATION NUMBER: TCARD13**

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as TCARD13 ("Solicitation") to reflect the change(s) identified and described below.

### Applicable Addendum Category:

	Modify bid opening date and time
[]	Modify specifications of product or service being sought
[ ]	Attachment of vendor questions and responses
[ ]	Attachment of pre-bid sign-in sheet
[]	Correction of error
[X]	Other Section B change

### **Description of Modification to Solicitation: Revised Cost Sheet**

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

#### **Terms and Conditions:**

- 1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

## ATTACHMENT A

1. To replace cost sheet and to amend section B.

Change:

From: Section B - Rebates

To: Section 2 - Rebates

2. Add: Estimated quantity amounts

3. Bid Opening remains 02/28/2013 at 1:30 P.M.

4. The addendum acknowledgement is attached. This document should be signed and returned with your bid. Failure to sign and return may result in disqualification.

## ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: TCARD13

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendu	m N	lumbers Received:			
		x next to each addendum rece	ived	l)	
[	]	Addendum No. 1	[	]	Addendum No. 6
[	]	Addendum No. 2	[	]	Addendum No. 7
[	]	Addendum No. 3	Į.	]	Addendum No. 8
[	]	Addendum No. 4	[	]	Addendum No. 9
[	]	Addendum No. 5	[	]	Addendum No. 10
further un discussion	ders i hel	tand that that any verbal repre d between Vendor's represent	sent ativ	atio es a	denda may be cause for rejection of this bid. I in made or assumed to be made during any oral and any state personnel is not binding. Only the ifications by an official addendum is binding.
					Company
					Authorized Signature
					Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

# REQUEST FOR PROPOSAL (TCARD 13)

## **Attachment C: Cost Sheet**

Cost information below as detailed in the Request for Proposal and submitted in a separate sealed envelope. Cost should be clearly marked.

### **Section 1: Fees**

Please complete the below cost chart for charges applicable to card usage. Quantities are provided for evaluation purposes only.

Product/Service	Unit Cost (Charge to Individual Cardholder)		Extended Cost	
Corporate Travel System-Air Central Bill		183	\$0.00	
Card Replacement		50	\$0.00	
MIS Reports		1200	\$0.00	
\$350,000.00 Travel Accident Insurance (CCS)		200000	\$0.00	
\$200,000.00 Travel Accident Insurnace (CTS)		1340	\$0.00	
\$500,000.00 Travel Accient Insurance		7000	\$0.00	
Primary Collision Damage Insurance (Full Value)		32000	\$0.00	
\$2,000.00 Excess Baggage Insurance Checked and Carry On		3000	\$0.00	
Foreign Currency Conversion		2000	\$0.00	
Cash Advances/ATM Access		20000	\$0.00	
		Subtotal A:	\$0.00	

## **Section 2: Rebates**

Please enter percentage rebate for all of the below volume categories. Evaluation will be based on \$10,000,000.01-\$15,000,000.00.

Rebate Percent	Estimated Volume	Amount of Rebate
	\$9,400,000.00	\$0.00
	Rebate Percent	Rebate Percent Estimated Volume \$9,400,000.00

**Total Cost for Evaluation (Subtotal A+Subtotal B)** 

Total:

\$0.00