

BID REQUESTS FAX TRANSMISSION

FAX: (517) 322-5664

INSTRUCTIONS: The Construction Field Services Division is requesting bids to purchase the item(s) listed below. Please complete this form and return to the above fax number by _____. If you have any questions, please contact _____ at (517) _____.

TO		DATE	
FROM		PAGES (Including this cover sheet)	
FAX NO.			
COMPANY NAME			
STREET ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NO.		FEDERAL ID OR SOCIAL SECURITY NO. (Last 4)	
ARE YOU REGISTERED WITH THE STATE OF MICHIGAN'S PURCHASING SYSTEM (SIGMA)? YES NO			
F.O.B. DELIVERED PRICE? YES NO		DELIVERY EXPECTED (# of Days) AFTER RECEIPT OF ORDER (ARO)	
IF NOT FOB DELIVERED PRICE	FOB SHIPPING POINT: _____ APPROXIMATE WEIGHT: _____	PAYMENT TERMS	
SIGNATURE			DATE

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
TOTAL					

FOR CONSTRUCTION FIELD SERVICES USE ONLY

JUSTIFICATION				
ORDERED BY		SUPERVISOR		SECTION MANAGER
CODING (When not using CFS's)	DEPARTMENT	FISCAL YEAR	ACCT. TEMP.	ACTIVITY