

REQUEST FOR PRICE QUOTE

This is not an order.

Date: 04/30/2013

FROM: OKLAHOMA STATE DEPARTMENT OF HEALTH

Procurement Division, ATTN: Patricia Bagwell

1000 NE 10TH ST.

OKLAHOMA CITY, OK 73117-1299

FAX: (405) 271-1789

EMAIL: patriciab@health.state.ok.us

RE: **Requisition 3400001169**

The Oklahoma State Department of Health, a tax-exempt government entity, is seeking price quotes on the attached item(s).

Please return a price quote no later than 3:00 PM CST May 10, 2013
price quotes may be returned in person, by mail, by email, or by fax.

Vendor Name: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Vendor FEI/TIN #: _____

Item Descriptions

Item #1

T-Shirts 1st year

Sm \$ _____

Med \$ _____

Large \$ _____

X-Large \$ _____

2X \$ _____

3X \$ _____

Vendor's Proposed Delivery Date: _____
Price quotes should include set-up fees and delivery.

TERMS AND CONDITIONS:
Payment Terms: 45 Days, billed in arrears
Shipping Terms: FOB Destination

T-Shirts 2nd year

Sm \$ _____

Med \$ _____

Large \$ _____

X-Large \$ _____

2X \$ _____

3X \$ _____

Vendor's Proposed Delivery Date: _____
Price quotes should include set-up fees and delivery.

T-Shirts 3rd year

Sm \$ _____

Med \$ _____

Large \$ _____

X-Large \$ _____

2X \$ _____

3X \$ _____

Vendor's Proposed Delivery Date: _____
Price quotes should include set-up fees and delivery.

ITEM #2 Hats

\$ _____ each Year 1

\$ _____ each Year 2

\$ _____ each Year 3

Price quotes should include set-up fees and delivery.

ITEM #3 Badge Reels.

\$ _____ each Year 1

\$ _____ each Year 2

\$ _____ each Year 3

Price quotes should include set-up fees and delivery.

Purchases by the State of Oklahoma are not subject to any sales tax or Federal excise tax. Tax exemption certificates shall be furnished upon request.

Purchase Order number must appear on all invoices.

Any agreement which will be required for purchase or use under this contract must be submitted with the price quote.

No oral statement, online click wrap amendments, facsimile, mail or other notification issued by vendor shall modify or otherwise effect the terms, conditions, or specifications stated in this purchase order unless accepted in writing by the Oklahoma State Department of Health, Procurement Division.

Any limitation of liability submitted by the vendor does not apply to the extent a court of competent jurisdiction (including any appellate court of final review) determines such limitation of liability violates Oklahoma law, in which case the specific limitation that the court determines is in violation of Oklahoma law shall be void.

All contracts with the state of Oklahoma are governed by the laws of Oklahoma. Venue for any action or claim shall be Oklahoma County, Oklahoma.

Vendor acknowledges, by receipt of this instrument, document or communication, that any agreement entered into or executed by the parties is subject to the provisions of the Oklahoma Central Purchasing Act, 74 O.S., § 85.1, et seq.

INSTRUCTIONS TO VENDOR:

Return price quote by fax or email on or before the due date and time.

Questions are to be submitted via email.

If a purchase order is issued to accept the vendor's price quote, the vendor will be contacted to complete the attached Competitive Bid Non-Collusion affidavit. Completion of this form is not required to be considered for this award, but the form must be completed, signed, notarized, and returned to the Oklahoma State Department of Health to finalize the award to the selected vendor. Faxed copies will not satisfy this instruction.