SOLICITATION REQUEST

☒ Request for Quote ☐ Request for Proposal ☐ Request for Bid **Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001223	06/21/2013	Susan Wiest	1
Payment Terms	**DateTime Quote Open**	**Closing**	
0 Days	08/15/2013 01:49 PM	09/27/2013 03:00 PM	

Requisition Number Reference: From Req ID - 3400016098-REBID

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
OFF-SITE WAREHOUSE
7725 W RENO
OKLAHOMA CITY OK 73127-9738

Vendor: NAME
Address:_____
Address:_____
City:_____ST:____ ZIP:_____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Line	Cat CD / Item # - Descr		Qty.	UOM	Supplier Responses Unit Cost	Ext. Cost
1	73101700 / 1000013554	PHARMACEUTICALS: All Pharmaceutical Products and Supplies	1	EA	_____	_____

SIRTURO (bedaquiline) (188 TABLES/BTL: 100MG)

Only the above brand is acceptable.

Unit of Measure: "each" equals bottle.

Please do not send bottles of medicine with less than an 18 month expiration date from the date of the order.

Freight Terms: FOB DEST **Ship Via:** COMMON

Lead Time: _____

Supplier Remarks:

COMMENTS:
Immediate delivery is needed. Bidders indicate your earliest delivery date. Earliest delivery may be considered in contract award.

This solicitation, along with resultant Purchase Order, constitute the entire agreement. No additional agreements will be signed.

This is NOT AN ORDER
All returned quotes and related documents must be identified with our request for quote Number.

Authorized Signature