



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
**BID RECORD**

BID NO.	PAGE	OF
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BID SPECIFICATIONS

**VENDOR LIST**

1.	2.
3.	4.
5.	6.

BID SOLICITED VIA  
 PHONE    FAX    E-MAIL    MAIL    CATALOG COMPARISON    OTHER

**BID RESPONSE**

COMPANY	VENDOR NO.	RESPONSE DATE
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PERSON CONTACTED	TELEPHONE NO.	BID TYPE <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL <input type="checkbox"/> CATALOG
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ITEM NO.	BIDDER'S BRAND OR DESCRIPTION	QUANTITY	UNIT PRICE	ITEM TOTAL

FOB <input type="checkbox"/> SHIPPING <input type="checkbox"/> DESTINATION	DELIVERY	BID TOTAL
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**BID RESPONSE**

COMPANY	VENDOR NO.	RESPONSE DATE
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ITEM NO.	BIDDER'S BRAND OR DESCRIPTION	QUANTITY	UNIT PRICE	ITEM TOTAL

FOB <input type="checkbox"/> SHIPPING <input type="checkbox"/> DESTINATION	DELIVERY	BID TOTAL
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I HEREBY CERTIFY THAT THE BID(S) INDICATED ABOVE ARE CORRECT AS STATED AND THAT I HAVE NOT REVEALED A BIDDER'S BID TO ANY OTHER BIDDER OR PERSON.

PURCHASER'S SIGNATURE	DEPARTMENT/AGENCY	DATE
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AWARDED TO	PURCHASE ORDER/CONTRACT NO.
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