QUOTE #2361 Dental Tool Kits
Reply due by: March 25, 2019

RETURN QUOTE TO: Jill Joles
Purchasing Assistant
FAX: 715-833-6216 or
purchasing@cvtc.edu
Office #: 715-833-6239

Please provide a price quote for items on Tool Box List
Please quote only the supplies with quantities specified, maintaining the name brand/item number if indicated and the container or size called for.

QTY	UOM	DESCRIPTION	UNIT COST	TOTAL COST
		2019-2020 DENTAL TOOL KIT Total of 13 Dental Tool Kits To be delivered by 7/15/19 Deliveries to be coordinated with Kathy Goodman Boxes to be supplied and put together as a complete set.		
13	**SETS**	**TOOL KITS per attached list**		$0.00
		TOTAL ORDER COST:		$0.00

For questions regarding this project, contact Kathy Goodman at 715-833-6461 or Jill Joles at 715-833-6239
Indicate Standard Delivery Date from Receipt of Order: _____
Pricing shall be FOB Destination, Freight Prepaid. Do Not Invoice Separate.
Please confirm that shipping and kitting is included in total order cost above: _____
Indicate Time Frame Prices Firm for: _____
Indicate if you will take payment from CVTC by Credit Card: _____
Payment Terms: _____

OTHER COMMENTS:

Company Name (print or type) | Bidder's Name and title (print or type)

Address (if different from above) | Signature

Email | Date

Fax # | Phone #