

**QUOTE #2370:** Tool Kits HVACR

Reply due by: March 30, 2020



RETURN QUOTE TO: Jill Joles

Purchasing Assistant

FAX: 715-833-6216 or

[purchasing@cvtc.edu](mailto:purchasing@cvtc.edu)

Office #: 715-833-6239 for questions

Please provide a price quote for tools on tool list.

**Please quote only the items with quantities specified, maintaining the name brand if indicated and the container or size called for.**

QTY	UOM	DESCRIPTION	UNIT COST	TOTAL COST
<b>2020-21 HVACR TOOL KIT</b>				
For 2020-2021 CVTC HVACR Program needs:				
Approx. 36 needed for Fall 2020, 10 for Spring 2021				
46	SETS	<b>TOOL KITS per attached list</b>		\$0.00
		Quantity of tool kits may change depending on class size		
		Each tool kit is to be packed from tool list and sealed complete for each student		
		A representative from supplier must be at the Energy Education Center on first day of classes for fall & spring semester. Dates to be determined.		
		Monthly visits to the Energy Education Center are required, and may include picking up and dropping off warranted tools, new tools available and informing students on industry training available.		
		Warrantied replacements will require an immediate replacement to minimize "down time" for students participating in labs.		
		If needed, extra tool boxes not sold will be returned to the tool box supplier with no handling or return fees after spring break. Date to be determined.		
		<b>What discounts would you offer for add-on tools and parts for current and graduated HVAC students for 3 months after graduation? Types of tools, parts and equipment will be at the discretion of the supplier.</b>		
<b>TOTAL ORDER COST:</b>				

For questions regarding this project, contact Steve Gutsch at 715-858-1889 or [sgutsch@cvtc.edu](mailto:sgutsch@cvtc.edu) or Jill Joles at 715-833-6239 or [purchasing@cvtc.edu](mailto:purchasing@cvtc.edu)

Indicate Standard Delivery Date from Receipt of Order: \_\_\_\_\_

Pricing shall be FOB Destination, Freight Prepaid. Do Not Invoice Separate. \_\_\_\_\_

Please confirm that shipping 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 #