

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
**AGENCY REQUEST FOR PROPOSAL**

<b>VENDOR NAME AND ADDRESS:</b>		<b>RETURN THIS PROPOSAL TO:</b>		<b>DELIVER TO:</b>	
<b>SBE CATEGORY:</b>		<b>FAX NO:</b>			
<b>NOTE: This proposal must be received by the opening date/time:</b>			<b>AGENCY PERSON TO CONTACT:</b>		
at the place named above.					
<b>FISCAL YEAR</b>	<b>ACCOUNT NUMBER</b>		<b>AGENCY REFERENCE NO.</b>	<b>COMMODITY CODE NO:</b>	
<b>ITEM NO.</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>DESCRIPTION</b> (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	<b>UNIT PRICE</b>	<b>AMOUNT</b>
<b>PRICES ARE FIRM UNTIL THE FOLLOWING DATE:</b>				<b>TOTAL</b>	
<b>CASH DISCOUNT</b>		<b>DATE OF DELIVERY</b>	<b>VENDOR'S FEDERAL I.D. NUMBER</b>	<b>VENDOR'S TELEPHONE NO.</b>	
<b>VENDOR'S SIGNATURE (Must be Signed):</b>			<b>PRINT OR TYPE NAME BELOW:</b>		<b>DATE:</b>