

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

VENDOR NAME AND ADDRESS: 	RETURN THIS PROPOSAL TO: 	DELIVER TO:
SBE CATEGORY:	FAX NO:	

NOTE: This proposal must be received by the opening date/time: at the place named above.	AGENCY PERSON TO CONTACT:
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FISCAL YEAR	ACCOUNT NUMBER	AGENCY REFERENCE NO.	COMMODITY CODE NO:
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ITEM NO.	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	AMOUNT

PRICES ARE FIRM UNTIL THE FOLLOWING DATE:	TOTAL
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CASH DISCOUNT	DATE OF DELIVERY	VENDOR'S FEDERAL I.D. NUMBER	VENDOR'S TELEPHONE NO.
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VENDOR'S SIGNATURE (Must be Signed):	PRINT OR TYPE NAME BELOW:	DATE:
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