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

VENDOR NAME AND ADDRESS:			RETURN THIS PROPOSAL TO:		DELIVER TO:	DELIVER TO:		
SBE CATEGORY:			FAX NO:					
NOTE: This propos	al must be received	by the opening dat	e/time:	AGENCY PERSON TO CONTA	CT:			
		at the place name	l above.					
FISCAL YEAR ACCOUNT NUMBER				REFERENCE NO.	COMMODITY (	CODE NO:		
				DESCRIPTION				
ITEM NO.	QUANTITY	UNIT			UNIT PRICE AMOUNT			
			(ALL ITE)	MS MUST BE DELIVERED F.O.	B. DESTINATION)			
PRICES ARE FIRM	<b>A UNTIL THE FOL</b>	LOWING DATE:				TOTAL		
CASH DISCOUNT DATE OF DELIV			ERY	VENDOR'S FEDERAL I.D. NUN	1BER	VENDOR'S TELI	EPHONE NO.	
VENDOR'S SIGNATURE (Must be Signed):			PRINT OR TYPE NAME BELOW:		DATE:			
		- <i>-</i>						