STATE OF NEW JERSEY DEPARTMENT OF THETREASURY

AGENCY REQUEST FOR PROPOSAL

VENDOR NAME AND ADDRESS: SBE CATEGORY: N/A NOTE: This proposal form must be received by 10:00 a.m. March 16, 2023 at DOT-EMS_BID.Procurement@dot.nj.gov		FAX NUMBER: N/A AGENCY PERSON TO CONTACT: Nikki Ghorbani		DELIVER TO: NJ Department of Transportation Procurement Division Bureau of Equipment, Materials & Supplies 1035 Parkway Avenue Trenton, NJ 08625	
FISCAL YEAR: 2023	ACCOUNT NUMBER: N/A	AGENCY REFERENCE NUMBER:		COMMODITY NUMBER:	
ITEM DESCRIPTION	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	TOTAL AMOUNT
Vertical Mast Lift NJDOT Fernwood Bldg. 7 999 Parkway Ave Trenton, NJ 08625	1	Each	See attached Request For Quote (RFQ) for details		
Freight	1	Each			
Bidder may supply their own quote; however, the total price for all aspects of this bid must appear on this PB-120 form.					
PRICES ARE FIRM UNTIL THE FOL	LOWING DATE:	<u> </u>		TOTAL:	
CASH DISCOUNT:	DATE OF DELIVERY:	VENDOR'S FEDERAL I.D. NUMBER:		VENDOR'S TELEPHONE NUMBER:	
VENDOR'S SIGNATURE (Must be Signed):		PRINT OR TYPE NAME BELOW:		DATE:	