STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

**AGENCY REQUEST FOR PROPOSAL**

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| **VENDOR NAME AND ADDRESS:** | **RETURN THIS PROPOSAL TO:**DOT-EMS\_BID.Procurement@dot.nj.gov | **DELIVER TO:**NJ Department of Transportation Procurement DivisionBureau of Equipment, Materials & Supplies 1035 Parkway AvenueTrenton, NJ 08625 |
| **SBE CATEGORY:**N/A | **FAX NUMBER:**N/A |
| **NOTE:** **This proposal form must be received by 10:00 a.m. May 2nd, 2024** at DOT-EMS\_BID.Procurement@dot.nj.gov | **AGENCY PERSON TO CONTACT:**Nikki Ghorbani |
| **FISCAL YEAR:**2024 | **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** |
| Tow-Behind Air CompressorsNJDOT Bldg. 71035 Parkway AvenueTrenton, NJ 08625 | 32 | Each | See attached Request For Quote (RFQ) for details  |  |  |
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| Freight  | 32 | Each |  |  |  |
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| **Bidder may supply their own quote; however, the total price for all aspects of this bid must appear on this PB-120 form.** |  |  |  |  |
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| **PRICES ARE FIRM UNTIL THE FOLLOWING DATE:** | **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:** |

PB-120 rev. 04/21