

Physician's
med.

04/18/2017 09:25 Jefferson Parish Purchasing

PMSLLC
(FAX) 5043642693

P.005/006

DATE: 4/18/2017

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00119575

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70064-0009
504-364-2578VENDOR: Physician Medical Supplies, LLCBUYER: SFOLSE

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

approx. 2 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME:	<u>Physician Medical Supplies, LLC</u>
SIGNATURE: (Must be signed here)	<u>Don R. Provenzano</u> TITLE: <u>President/owner</u>
PRINT OR TYPE NAME:	<u>Don R. Provenzano</u>
ADDRESS:	<u>6821 Christine St</u>
CITY, STATE:	<u>Metairie, LA</u> ZIP: <u>70003</u>
TELEPHONE:	<u>504 888-0470</u> FAX: <u>504 888-2076</u>
EMAIL ADDRESS:	<u>PMSLLC 09 @ cs. com</u>

TOTAL PRICE OF ALL BID ITEMS: \$ 3,427.89

