

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B05539
TITLE: PATIENT SIMULATOR
BID OPENING DATE AND TIME:
09/19/2005 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124

**B
I
L
L
T
O**
 COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI CONTROLLER'S OFFICE
 ACCOUNTS PAYABLE
 400 EAST AVENUE
 WARWICK RI 02886

**S
H
I
P
T
O**
 COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI SPECIAL INSTRUCTIONS
 SEE BELOW RI N/A

Requisition Number(s): R88A063520

Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	SPLIT DELIVERY: ONE (1) COMPLETE PACKAGE TO: RICHARD SWEARINGEN - NURSING/NEWPORT ONE JOHN H. CHAFEE BLVD NEWPORT, RI 02840 ONE (1) COMPLETE PACKAGE TO: JAMES HINSEY - NURSING/LISTON 400 EAST AVE WARWICK, RI 02886 ONE (1) COMPLETE PACKAGE TO: RUTH CROWTHER - NURSING/KC 400 EAST AVE WARWICK, RI 02886 475-49 ITEM 380004 SIMMAN PATIENT SIMULATOR INCLUDES: COMPRESSOR -110 AC VERSION 1ST YEAR WARRANTY LINKBOX PATIENT MONITOR GENITALIA (MALE AND FEMALE) BLOOD PRESSURE CUFF SP02 PROBE 6 CHEST TUBE INSERTION PADS 6 NECK SKINS 2 REMOTE CONTROLS DIRECTIONS FOR USE 1 DAY INSERVICE	3.00	EA		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B05539
TITLE: PATIENT SIMULATOR
BID OPENING DATE AND TIME:
09/19/2005 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124

**B
I
L
L
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI CONTROLLER'S OFFICE
 ACCOUNTS PAYABLE
 400 EAST AVENUE
 WARWICK RI 02886

**S
H
I
P
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI SPECIAL INSTRUCTIONS
 SEE BELOW RI N/A

Requisition Number(s): R88A063520

Item	Class-Item	Quantity	Unit	Unit Price	Total
2.0	475-49 ITEM 380000EX W EXTENDED WARRANTY - 2 YEARS	3.00	EA		
3.0	475-49 ITEM 380000EX W4 EXTENDED WARRANTY 4TH YEAR	3.00	EA		
4.0	475-49 ITEM TSV - 1000DF AUDIO VIDEO EQUIPMENT PACKAGE	3.00	EA		
5.0	475-49 ITEM38150 NURSING WOUND MODULES	3.00	EA		
6.0	475-49 ITEM 381500 TRAUMA MODULES	3.00	EA		
7.0	475-49 ITEM SIMPC SIMMAN LAPTOP COMPUTER INCLUDES: WIRELESS TECHNOLOGY LATEST SIMMAN SOFTWARE VERSION FREE SIMMAN SOFTWARE UPGRADES	3.00	EA		
8.0	475-49 ITEM PMI-15425T STRYKER STRETCHER (REFURBISHED) INCLUDES: IV POLE DEFIB / MONITOR TRAY HOSPITAL GRADE REFURBISHED	3.00	EA		
9.0	475-49 SHIPPING	1.00	EA		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BID NUMBER: B05539
TITLE: PATIENT SIMULATOR
BID OPENING DATE AND TIME:
09/19/2005 11:00 AM

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124

**B
I
L
L
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
CCRI CONTROLLER'S OFFICE
ACCOUNTS PAYABLE
400 EAST AVENUE
WARWICK RI 02886

**S
H
I
P
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
CCRI SPECIAL INSTRUCTIONS
SEE BELOW RI N/A

Requisition Number(s): R88A063520

Item	Class-Item	Quantity	Unit	Unit Price	Total
	CONTACT PERSON: RAYMOND V. DEANGELIS (401) 825-2444				
				TOTAL:	_____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.**