

BID SOLICITATION



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

BID NUMBER: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH MANAGEMENT SERVICES
PO BOX 8269
CRANSTON RI 02920

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 8/1/06 - 7/31/07</p> <p>BIDDING</p> <p>(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.</p> <p>(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.</p> <p>(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.</p> <p>(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.</p> <p>ORDERING</p> <p>(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.</p> <p>(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.</p>				

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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH MANAGEMENT SERVICES
PO BOX 8269
CRANSTON RI 02920

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>AWARDS EXTENDING BEYOND JUNE 30TH ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.</p> <p>HALF SHEET CAKE - 12" X 16" 4/CS FROZEN/COOKED</p> <p>375-30</p>				
1.0	<p>YELLOW CAKE - NO ICING</p> <p>BRAND/PRODUCT CODE # _____</p> <p>PACK SIZE _____</p>	60.00	EA		
2.0	<p>375-30</p> <p>SPONGE SHEET CAKE</p> <p>BRAND/PRODUCT CODE # _____</p> <p>PACK SIZE _____</p>	96.00	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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH MANAGEMENT SERVICES
PO BOX 8269
CRANSTON RI 02920

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
3.0	375-30 CHOCOLATE SHEET CAKE - NO ICING BRAND/PRODUCT CODE # _____ PACK SIZE _____	60.00	EA	_____	_____
4.0	375-30 CHOCOLATE SHEET CAKE WITH CHOCOLATE FROSTING BRAND/PRODUCT CODE # _____ PACK SIZE _____	72.00	EA	_____	_____
5.0	375-30 YELLOW SHEET CAKE WITH BRAND/PRODUCT CODE # _____ PACK SIZE _____	18.00	EA	_____	_____
6.0	375-30 ORANGE SHEET CAKE WITH WHITE ICING BRAND/PRODUCT CODE # _____ PACK SIZE _____	72.00	EA	_____	_____
7.0	375-30 POUND CAKE 12/26 OZ. CS FROZEN/COOKED BRAND/PRODUCT CODE # _____ PACK SIZE _____	540.00	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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O** MENTAL HEALTH, RETARDATION & HOSPITALS
 MHRH-ESH MANAGEMENT SERVICES
 PO BOX 8269
 CRANSTON RI 02920

**S
H
I
P
T
O** MENTAL HEALTH, RETARDATION & HOSPITALS
 MHRH-ESH CENTRAL RECEIVING
 REGAN BLDG, FIRST FLOOR
 ATTN: SEE BELOW
 CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
8.0	375-30 APPLE STREUSEL COFFEE CAKE 12" X 16" 4/CS. FROZEN/COOKED BRAND/PRODUCT CODE # _____ PACK SIZE _____	64.00	EA		
9.0	375-30 BROWNIE WITH NUTS 12" X 16" 4/CS FROSTED FROZEN/COOKED BRAND/PRODUCT CODE # _____ PACK SIZE _____	80.00	EA		
10.0	375-30 UNICED BROWNIE CHOCOLATE WITH NUTS - 12" X 16" FROZEN 4/CS BRAND/PRODUCT CODE # _____ PACK SIZE _____	60.00	EA		
11.0	375-30 ANGEL FOOD BUNDT CAKE 6/CS FROZEN/COOKED ROUND BRAND/PRODUCT CODE # _____ PACK SIZE _____	108.00	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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O** MENTAL HEALTH, RETARDATION & HOSPITALS
 MHRH-ESH MANAGEMENT SERVICES
 PO BOX 8269
 CRANSTON RI 02920

**S
H
I
P
T
O** MENTAL HEALTH, RETARDATION & HOSPITALS
 MHRH-ESH CENTRAL RECEIVING
 REGAN BLDG, FIRST FLOOR
 ATTN: SEE BELOW
 CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
12.0	375-30 APPLE FRUIT COBBLER READY TO BAKE 12" X 19" 4/CS FROZEN BRAND/PRODUCT CODE # _____ PACK SIZE _____	40.00	EA	_____	_____
13.0	375-30 HOMESTYLE CHERRY FRUIT COBBLER READY TO BAKE 12" X 19" FROZEN 4/CS BRAND/PRODUCT CODE # _____ PACK SIZE _____	40.00	EA	_____	_____
14.0	COOKIES TO BE PRE PORTIONED FROZEN UNCOOKED 20/25CS/LBS. 375-30 REDI-BAKE COOKIE EACH COOKIE 1 OZ. UNCOOKED PEANUT BUTTER BRAND/PRODUCT CODE # _____ PACK SIZE _____	4800.00	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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O** MENTAL HEALTH, RETARDATION & HOSPITALS
 MHRH-ESH MANAGEMENT SERVICES
 PO BOX 8269
 CRANSTON RI 02920

**S
H
I
P
T
O** MENTAL HEALTH, RETARDATION & HOSPITALS
 MHRH-ESH CENTRAL RECEIVING
 REGAN BLDG, FIRST FLOOR
 ATTN: SEE BELOW
 CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
15.0	375-30 REDI-BAKE COOKIE EACH COOKIE 1 OZ. OATMEAL NO/RAISINS BRAND/PRODUCT CODE # _____ PACK SIZE _____	4800.00	EA	_____	_____
16.0	375-30 REDI-BAKE COOKIE EACH COOKIE 1 OZ. CHOCOLATE CHIPS NO NUTS BRAND/PRODUCT CODE # _____ PACK SIZE _____	4800.00	EA	_____	_____
17.0	375-30 REDI-BAKE COOKIE EACH COOKIE 1 OZ. SUGAR COOKIES BRAND/PRODUCT CODE # _____ PACK SIZE _____	4800.00	EA	_____	_____
18.0	PIES ASSORTED 6-10 IN FROZEN THAW AND SERVE 375-30 TRADITIONAL STRAWBERRY CREAM PIE 10 INCH BRAND/PRODUCT CODE # _____ PACK SIZE _____	60.00	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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH MANAGEMENT SERVICES
PO BOX 8269
CRANSTON RI 02920

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
19.0	375-30 TRADITIONAL LEMON MERINGUE PIE 10 INCH BRAND/PRODUCT CODE # _____ PACK SIZE _____	96.00	EA	_____	_____
20.0	375-30 BOSTON CREAM PIE 10 INCH BRAND/PRODUCT CODE # _____ PACK SIZE _____	96.00	EA	_____	_____
21.0	375-30 TRADITIONAL CHOCOLATE CREAM PIE 10 INCH BRAND/PRODUCT CODE # _____ PACK SIZE _____	96.00	EA	_____	_____
22.0	375-30 OPEN FACE PUMPKIN PIE HEAT AND SERVE BRAND/PRODUCT CODE # _____ PACK SIZE _____	144.00	EA	_____	_____
23.0	375-30 OPEN FACE SWEET POTATO PIE HEAT AND SERVE BRAND/PRODUCT CODE # _____ PACK SIZE _____	120.00	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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH MANAGEMENT SERVICES
PO BOX 8269
CRANSTON RI 02920

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
24.0	375-30 OPEN FACE EGG CUSTARD PIE HEAT AND SERVE BRAND/PRODUCT CODE # _____ PACK SIZE _____	120.00	EA	_____	_____
25.0	375-30 TRADITIONAL APPLE PIE DOUBLE CRUST READY TO BAKE BRAND/PRODUCT CODE # _____ PACK SIZE _____	120.00	EA	_____	_____
26.0	375-30 TRADITIONAL LEMON PIE DOUBLE CRUST READY TO BAKE BRAND/PRODUCT CODE # _____ PACK SIZE _____ DONUTS TO BE 1 1/2 OUNCE TO 2 OUNCES EACH, NO MIXED OR ASSORTED MIXES. ABLE TO ORDER ONE FLAVOR.	72.00	EA	_____	_____
27.0	375-30 DONUT, PLAIN CAKE 100/CS BRAND/PRODUCT CODE # _____ PACK SIZE _____	50.00	CS	_____	_____

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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH MANAGEMENT SERVICES
PO BOX 8269
CRANSTON RI 02920

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
28.0	375-30 DONUT, POWDERED SUGAR CAKE 100/CS BRAND/PRODUCT CODE # _____ PACK SIZE _____	20.00	CS	_____	_____
29.0	375-30 DONUT, JELLY FILLED 100/CS BRAND/PRODUCT CODE # _____ PACK SIZE _____	20.00	CS	_____	_____
30.0	375-30 DONUT, GLAZED OLD FASHIONED SOUR CREAM CAKE 100/CS BRAND/PRODUCT CODE # _____ PACK SIZE _____	20.00	CS	_____	_____
31.0	375-30 DONUT, CHOCOLATE GLAZED 100/CS BRAND/PRODUCT CODE # _____ PACK SIZE _____	20.00	CS	_____	_____

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: B06293
TITLE: BAKERY, FROZEN
BID OPENING DATE AND TIME:
05/19/2006 1:40 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 8/1/2006 - 7/31/2007

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH MANAGEMENT SERVICES
PO BOX 8269
CRANSTON RI 02920

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON RI 02920

Requisition Number(s): R76H070202

Item	Class-Item	Quantity	Unit	Unit Price	Total
32.0	375-30 CRUMB CAKE, BLUEBERRY FROZEN/COOKED BRAND/PRODUCT CODE # _____ PACK SIZE _____	10.00	CS	_____	_____
33.0	375-30 CRUMB CAKE, FRENCH FROZEN/COOKED BRAND/PRODUCT CODE # _____ PACK SIZE _____	10.00	CS	_____	_____
34.0	375-30 LEMON BAR, SQUARE 4/CS SWTST BRAND/PRODUCT CODE # _____ PACK SIZE _____	30.00	CS	_____	_____
35.0	375-30 CARROT CAKE 4/ 12" X 16"/CS S/LEE BRAND/PRODUCT CODE # _____ PACK SIZE _____	20.00	CS	_____	_____
DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.				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.