

## Invitation To Quote Prices

Date: **3/21/2014**  
Quote #: **14-68023**

Please quote and insert below prices on the following items. Prices quoted are not to include Federal Tax or State Sales Tax. All items are to be new as specified; no substitutions are permitted.

Responses can be faxed to **(614) 387-0891** or mailed to Ohio Department of Public Safety, Attn: Purchasing, 1970 West Broad Street, Columbus, Ohio 43223, no later than: **Friday, March 28, 2014, 5:00 PM.**

Vendor Information	Please check ONE of the following:
<b>OAKS ID:</b> <b>Name:</b> <b>Address:</b>  <b>Contact:</b> <b>Phone:</b> <b>Fax:</b>	<input type="checkbox"/> Shipped F.O.B. Prepaid Destination <input type="checkbox"/> Shipped F.O.B. Prepaid and added to invoice  *If one of the above is not checked, shipments will be considered prepaid destination. By signing this quote, vendors agree to these shipping terms. No collect shipments will be accepted.

Item	Quantity	Unit	Description	Unit Cost	Total Amount
1	1.00	EA	MBM DESTROYIT® 5009 High Capacity Commercial Shredder with P-2 Security Level (see attached specifications).	\$	\$
2	1.00	EA	5009 Modular Conveyor Belt System.	\$	\$
3	1.00	EA	Automatic Oiler (for high capacity models).	\$	\$
4	1.00	EA	5009 Shred Collection Cart (Dimensions (D x W x H): 30 1/2" x 26" x 32 1/4").	\$	\$
			Shipping Charge to Columbus, OH 43209. (If "Shipped F.O.B. Prepaid and added to invoice" is checked.)		\$

**Quote MUST include estimated shipping charges, if applicable. Cannot be assessed at a later time.**

**Quote MUST be valid for a minimum of 30 days.**

Delivery will be \_\_\_\_\_ days after receiving order.

Terms of Payment: Net 30 ARO  
Invoice is to be submitted in QUADRUPPLICATE

**For additional information, contact:**  
**Joel McNeal**  
**jmcneal@dps.state.oh.us**  
**Phone: (614) 752-2052**

THIS IS NOT AN ORDER TO DELIVER and the Department assumes no obligation to purchase by requesting prices. It is the option of the Ohio Department of Public Safety to purchase only selected items from this quote. No quantity will be changed without prior consent of the vendor. If a cost break occurs at a higher quantity for a certain item, please provide a separate quote.

By \_\_\_\_\_ / \_\_\_\_\_  
 (Title, Name) Signature Phone / Fax Date