OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY · SERVICE · PROTECTION

DPA 0029

Invitation To Quote Prices

Date: **8/11/2015**
Quote #: 16-81324

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: **Wednesday, August 19, 2015, 5:00 PM.**

Vendor Information	Please check ONE of the following:
OAKS ID: **Name:** **Address:** **Contact:** **Phone:** **Fax:**	☐ Shipped F.O.B. Prepaid Destination ☐ 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	130.00	EA	Portable Breath Testers (PBT) Intoxilyzer 500 - Each unit includes One (1) Intoxilyzer 500, Twenty-Five (25) Mouthpieces, Two (2) Reusable Sampling Cups, One (1) Wrist Strap, One (1) Yellow Rubberized Sleeve, One (1) Plastic Case, One (1) Training CD, One (1) Operators Manual, Two (2) aa Batteries, and a Two (2) Year Warranty	$	$
			Shipping Charges (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 QUADRUPLICATE

For additional information, contact:
Carla Inglish
cinglish@dps.ohio.gov
Phone: (614) 752-0425

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