



Invitation To Quote Prices

Date: **8/3/2015**
 Quote #: **16-80424**

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:

<p style="text-align: center;">Vendor Information</p> <p>OAKS ID:</p> <p>Name:</p> <p>Address:</p> <p>Contact:</p> <p>Phone:</p> <p>Fax:</p>	<p style="text-align: center;">Please check ONE of the following:</p> <p><input type="checkbox"/> Shipped F.O.B. Prepaid Destination</p> <p><input type="checkbox"/> Shipped F.O.B. Prepaid and added to invoice</p> <p><i>*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.</i></p>
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Item	Quantity	Unit	Description	Unit Cost	Total Amount
1	150.00	EA	Portable Breath Testers (PBT) Intoxilyzer 500 each unit includes 1 Intoxilyzer 500, 25 Mouthpieces, 2 Reusable Sampling Cups, 1 Wrist Strap, 1 Yellow rubberized Sleeve, 1 Plastic Case, 1 Training CD, 1 Operators Manual, 2 aa Batteries and a 2 year Warranty	\$	\$
			Shipping Charges Central Install 1583 Alum Creek Drive Columbus OH 43209-2713 (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 English
cenglish@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