The purpose of Addendum #1 is to change the front pricing page: Add Item #4; Clarify award criteria; Change the quote due date.

REQUEST FOR QUOTATIONS

SEND QUOTES TO:

MISSOURI DEPARTMENT OF TRANSPORTATION
GENERAL SERVICES
830 MoDOT Drive – P.O. BOX 270
JEFFERSON CITY, MO 65102
FAX: 573/522-1149
Clayton.Hanks@modot.mo.gov

REQUEST NO.	**9-110608Q ADDENDUM #1**		
DATE	June 3, 2011		
PAGE NO.	1	NO. OF PAGES	1

SEALED BIDS, SUBJECT TO THE ATTACHED CONDITIONS WILL BE RECEIVED AT THIS OFFICE UNTIL: **JUNE 10, 2011**

AND THEN PUBLICLY OPENED AND READ FOR FURNISHING THE FOLLOWING SUPPLIES OR SERVICE

BUYER: Clayton Hanks 573/522-9565

BIDS TO BE BASED F.O.B.
MISSOURI DEPARTMENT OF TRANSPORTATION
Submit net bid as cash discount stipulations will not be considered

Mound City Rest Area – Southbound Interstate 29, 2 Miles South of Route 118 and I-29, Mile Marker 82

Item		QUOTE AMOUNT
#1	**MOBILE OFFICE RENTAL – INSERT THE RENTAL AMOUNT FOR THE FIRST 10-MONTHS. (DOES NOT INCLUDE PRESSURIZING SYSTEM OR TANKS)**	$ _____
#2	**INSERT THE MONTHLY RENTAL AMOUNT FOR EACH ADDITIONAL MONTH. (DOES NOT INCLUDE PRESSURIZING SYSTEM OR TANKS)**	$ _____
#3	**INSERT THE DECLARED VALUE OF THE PROPOSED RENTAL UNIT. (DOES NOT INCLUDE PRESSURIZING SYSTEM OR TANKS)**	$ _____
#4	**INSERT THE MONTHLY RENTAL AMOUNT FOR THE PRESSURIZING SYSTEM, POTABLE WATER TANK, AND TANK FOR WASTE WATER.**	$ _____
	FOR THE MOBILE OFFICE RENTAL, THE LOWEST BID SUM WILL BE BASED ON THE TOTAL ITEMS #1 & #2.	
	ITEM #4 MAY BE AWARDED SEPARATELY.	

Proposal, contract forms, and information may be obtained by calling 573/522-9565, or electronically down-loaded from http://www.modot.mo.gov/business/contractor_resources/FacilitiesConstructionandMaintenance.htm

In compliance with the above invitation for bids, and subject to all conditions thereof, the undersigned agrees to complete the delivery and installation not later than August 8, 2010 @ 1:00 PM.

Date: _____ **Firm Name:** _____

Telephone No.: _____ **Address:** _____

Fax No.: _____ _____

Federal I.D. No. _____ **By (Signature):** _____

Email: _____ **Type/Print Name** _____

Title: _____

Is your firm MBE certified? ☐ Yes ☐ No **Is your firm WBE certified?** ☐ Yes ☐ No