



**MO Department of Transportation
General Services
Facilities Management**

FM06

**REQUEST FOR QUOTATION
FOR PURCHASES FROM \$3,000 TO \$24,999.99
THIS IS NOT AN ORDER**

Return original copy only. It is the contractor/vendor's responsibility to read and comply with all conditions, specifications, and instructions outlined in this document. This document and any subsequent attachments shall supersede all confirmation forms, receipts or any other paperwork needed to secure services, material, and/or equipment.

Today's Date: 09/07/07	Quote Due By (Date & Time): 09/20/07 – 1:00 P.M.	F.O.B. Requirements:
To Be Delivered/Completed <u>No</u> Later Than: 10/31/07	Quotation #: D7-08-020 This Quotation # should be referenced on all mailing labels, envelopes, and any other correspondence.	Buyer Name/Telephone Number: Larry Palmer 417-629-3352 Phone 417-629-3987 Fax
District Mailing Address: Missouri Dept. of Transportation 3901 E. 32 nd Street Joplin, MO 64804 417-629-3352 Fax Number: 417-629-3987		Delivery Locations: Nevada Project Office 601 W. Outer Rd. Nevada, MO 64772

ALL QUOTATIONS MUST BE EXTENDED AND TOTALED. DELIVERY TIME MUST BE LISTED

Quantity	U/M	Description (including size and/or part #'s)	Unit Price	Unit Price Extension	Delivery Time
1	Project	The Missouri Dept. of Transportation Located at 3901 E. 32 nd Street in Joplin, MO is requesting quotations for Replace Well House per the Scope of Work, Which is attached, at the Nevada Project Office, Located in Nevada, MO.			
		Prevailing wage as established by the Missouri Department of Labor and Industrial Relations for Vernon County will apply.			
		Quotations may be faxed to the attention of Larry Palmer @ fax no. 417-629-3987			
		Please contact Larry Palmer @ 417-629-3352 with any questions pertaining to the project.			
		Please see attached Scope of Work, Terms and Conditions & Annual Wage Order #14 for Vernon County			
TOTAL ORDER EXTENSION					

VENDOR NAME:	
Mailing Address:	Vendor Contact Information (including area codes): Phone #:



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	Fax #: Federal ID Tax #:
Printed Name and Title of Responsible Officer/Employee:	Signature:
Is your company registered/certified with the State of Missouri as a (Please circle): Minority Business Enterprise (MBE)? Yes No Women Business Enterprise (WBE)? Yes No	

Office Note: Attach the Prevailing Wage Orders from Division of Labor CD & the Standard Bid Provisions, General Terms and Conditions, and Special Term and Conditions found in Word under the file/new/GS Purch tab (omit the sections from the Special Terms and Conditions that do not pertain to your request).