

State of Nebraska - INVITATION TO BID CONTRACT

Date	7/21/23	Page	1 of 1
Solicitation Number	6804 OF		
Opening Date and Time	08/17/23	2:00 pm	
Buyer	VICKI COLLINS		

DESTINATION OF GOODS
PUBLIC HEALTH ENVIRONMENTAL LABORATORY
3701 S 14TH ST
LINCOLN NE 68502-5317

Per Nebraska's Transparency in Government Procurement Act, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

____ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this ITB.

____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. §73-107 and wish to have preference, if applicable, considered in the award of this contract.

Contract to supply and deliver Laboratory Sample Submission Forms to the State of Nebraska as per the attached specifications for a two (2) year period from date of award. The contract may be renewed for three (3) additional one (1) year periods when mutually agreeable to the vendor and the State of Nebraska.

(AM 7/20/23)

INVITATION

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
1	ALCOHOL LABORATORY SAMPLE SUBMISSION FORM	2.5000	M	_____	_____
2	LABORATORY SAMPLE SUBMISSION FORM	75.0000	M	_____	_____

BIDDER MUST COMPLETE THE FOLLOWING

DISCOUNT PAYMENT TERMS: _____ % _____ DAYS

By signing this Invitation to Bid form, the bidder guarantees compliance with the provisions stated in this Invitation to Bid, agrees to the terms and conditions unless otherwise agreed to and certifies that bidder maintains a drug free work place environment. Vendor will furnish the items requested within _____ days after receipt of order. Failure to enter Delivery Date may cause quotation to be REJECTED.

Sign

Here _____
 (Authorized Signature Mandatory – Form must be signed manually in ink or by DocuSign)

Enter Contact Information Below

VENDOR# _____

VENDOR: _____

Address: _____

Contact _____

Telephone _____

Email _____