

**FORM A: BID**  
(See B7)

1. Contract Title SUPPLY AND DELIVERY OF MEDICAL GASES

2. Bidder

\_\_\_\_\_  
Name of Bidder

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Facsimile Number

(Mailing address if different)

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

The Bidder is:

(Choose one)

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Bidder hereby authorizes the following contact person to represent the Bidder for purposes of the Bid.

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

4. Definitions

All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions.

5. Offer

The Bidder hereby offers to perform the Work in accordance with the Contract for the price(s), in Canadian funds, set out on Form B: Prices, appended hereto.

6. Commencement of the Work

The Bidder agrees that no Work shall commence until he is in receipt of a notice of award authorizing the commencement of the Work.

7. Contract The Bidder agrees that the Bid Opportunity in its entirety shall be deemed to be incorporated in and to form a part of this offer notwithstanding that not all parts thereof are necessarily attached to or accompany this Bid.

8. Addenda The Bidder certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Contract:

No.	Dated
_____	_____
_____	_____
_____	_____

9. Time This offer shall be open for acceptance, binding and irrevocable for a period of thirty (30) Calendar Days following the Submission Deadline.

10. Signatures The Bidder or the Bidder's authorized official or officials have signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Bidder or Bidder's Authorized Official or Officials
_____
(Print here name and official capacity of individual whose signature appears above)
_____
(Print here name and official capacity of individual whose signature appears above)

SEAL

**FORM B(R1): PRICES**  
(See B8)

SUPPLY AND DELIVERY OF MEDICAL GASES

UNIT PRICES

ITEM NO.	DESCRIPTION	UNIT	APPROX. TOTAL QUANTITY	UNIT PRICE
1.	Oxygen Medical D Aluminium 350 Litres	Cyl	30000	
2.	Oxygen Medical D Refill only	Cyl	500	
3.	Oxygen Medical M 3500 litres	Cyl	2200	
4.	Cylinder Dumurrage Lot Price	month	36	

\_\_\_\_\_  
Name of Bidder