

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

1. Contract Title SUPPLY AND DELIVERY OF MEDICAL GLOVES

2. Bidder

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

\_\_\_\_\_  
Usual Business Name of Bidder as it appears on Invoice (if different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

(Mailing address if different)

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

\_\_\_\_\_  
GST Registration Number (if applicable)

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 sixty (60) 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)
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**FORM B: PRICES**  
 (See B8)

**SUPPLY AND DELIVERY OF MEDICAL GLOVES**

**UNIT PRICES**

ITEM NO.	DESCRIPTION	UNIT	APPROX. QUANTITY	UNIT PRICE
1.	Supreno EC-DEC-375 Medical Gloves			
	a) small	each	1800	
	b) medium	each	5800	
	c) large	each	13600	
	d) x-large	each	8600	
2.	Supreno SE SU-690-XS			
	a) x-small	each	175	

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