

FORM A: BID
(See B7)

1. Contract Title SUPPLY AND DELIVERY OF PARAMEDIC WINTER PANT LINERS

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)

Email Address of Bidder

Facsimile Number

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

(Choose one)

The Bidder is:

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/she 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)

FORM B: PRICES
 (See B8)

SUPPLY AND DELIVERY OF PARAMEDIC WINTER PANT LINERS

UNIT PRICES

ITEM NO.	DESCRIPTION	Unit	SPEC. REF.	Approx. Total Qty.	UNIT PRICE
1.	Pant Liner 30 Tall	ea	E2.1	50	
2.	Pant Liner 32 Tall	ea	E2.1	40	
3.	Pant Liner 34 Tall	ea	E2.1	35	
4.	Pant Liner 36 Tall	ea	E2.1	30	
5.	Pant Liner 38 Tall	ea	E2.1	15	
6.	Pant Liner 40 Tall	ea	E2.1	5	
7.	Pant Liner 42 Tall	ea	E2.1	4	
8.	Pant Liner 44 Tall	ea	E2.1	1	
9.	Pant Liner 46 Tall	ea	E2.1	1	
10.	Pant Liner 48 Tall	ea	E2.1	1	
11.	Pant Liner 50 Tall	ea	E2.1	1	
12.	Pant Liner 52 Tall	ea	E2.1	1	

Name of Bidder