

Request for Pre-Qualifications	Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100 Direct all inquiries regarding this order to: (304) 696-3157	RFPQ # MU19P3COB
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Vendor: Phone:	For information call: 304-696-3157 Buyer: Tracey Brown-Dolinski, Director Office of Purchasing browndolinsk@marshall.edu and purchasing@marshall.edu
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Sealed requests for proposals furnishing services described below will be received by the Institution. TO RECEIVE CONSIDERATION FOR AWARD, UNLESS OTHERWISE NOTED, THE QUALIFICATIONS WILL BE SUBMITTED INTO THE BONFIRE PORTAL AND (3) COPIES DELIVERED TO THE OFFICE OF PURCHASING TO HAVE A DATE/TIME STAMP AFFIXED, ON OR BEFORE THE DATE AND TIME SHOWN FOR THE QUALIFICATIONS OPENING. The Institution reserves the right to accept or reject qualifications on each item separately or as a whole, to reject any or all qualifications, to waive informalities or irregularities and to contract as the best interests of the Institution as may be require. QUALIFICATIONS ARE SUBJECT TO THE GENERAL TERMS AND CONDITIONS SET FORTH HEREIN.

DATE 3/14/2019	DELIVERY REQUIREMENTS	DEPARTMENT REQUISITION NO.	RFPQ OPENS: 3:00pm 03/27/2019	
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Item #	Quantity	Description	Unit Price	Extended Price
		<p style="text-align: center;"><u>Addendum #1</u></p> <p>The purpose of this addendum is to inform potential vendors the link on the first page of the RFPQ has been removed.</p> <p>Receipt of this addendum must be acknowledged on this page within the right hand section below.</p>		

To the Purchasing Department,

In compliance with the above, the undersigned offers and agrees, if this offer is accepted within ____ calendar days (30 calendar days unless a different period is inserted by the purchaser) from the pre-qualifications open date, specified above, to furnish any or all items upon which prices are offered, at the price set opposite each item, delivered at the designated point(s), within the time specified.

Vendor guarantees shipment from _____ within _____ days

FOB _____ After receipt of order at address shown

Terms _____

BOG 43

Vendor's name _____

Signed By _____

Typed Name _____

Title _____

Street Address _____

City/State/Zip _____

Date _____ Phone _____

Fein _____

Email _____