## STATE OF NEW JERSEY DEPARTMENT OF THETREASURY

## AGENCY REQUEST FOR PROPOSAL

SBE CATEGORY: N/A NOTE:		RETURN THIS PROPOSAL TO: DOT-EMS_BID.Procurement@dot.nj.gov  FAX NUMBER: N/A  AGENCY PERSON TO CONTACT: Kaitlin Powers		DELIVER TO:  NJ Department of Transportation Procurement Division Bureau of Equipment, Materials & Supplies 1035 Parkway Avenue Trenton, NJ 08625	
This proposal form must be received to Thursday, January 23, 2025 @ 10:00 AM at <a href="mailto:DOT-EMS_BID.Procurement@dot.nj.g">DOT-EMS_BID.Procurement@dot.nj.g</a>					
FISCAL YEAR: 2025	ACCOUNT NUMBER: N/A	AGENCY REFERENCE NUMBER:		COMMODITY NUMBER:	
ITEM DESCRIPTION	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	TOTAL AMOUNT
	1	Each	See attached Request For Quote (RFQ) for details		
Freight		Each			
Bidder may supply their own quote; however, the total price for all aspects of this bid must appear on this PB-120 form.					
PRICES ARE FIRM UNTIL THE FOLLO	UWING DATE:	l	1	TOTAL:	
CASH DISCOUNT:	DATE OF DELIVERY:	VENDOR'S FEDERAL I.D. NUMBER:		VENDOR'S TELEPHONE NUMBER:	
VENDOR'S SIGNATURE (Must be Signed):		PRINT OR TYPE NAME BELOW:		DATE:	