STATE OF NEW JERSEY DEPARTMENT OF THETREASURY

AGENCY REQUEST FOR PROPOSAL

VENDOR NAME AND ADDRESS: SBE CATEGORY: N/A NOTE: This proposal form must be received by 10:00 a.m. February 11 th , 2025 at DOT-EMS_BID.Procurement@dot.nj.gov		RETURN THIS PROPOSAL TO: DOT-EMS_BID.Procurement@dot.nj.gov FAX NUMBER: N/A AGENCY PERSON TO CONTACT: Nikki Ghorbani		DELIVER TO: NJ Department of Transportation Procurement Division Bureau of Equipment, Materials & Supplies 1035 Parkway Avenue Trenton, NJ 08625	
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
Telescopic Boom Lifts NJDOT Bordentown Training Facility 391 Route 130 Building 3 Bordentown NJ, 08505	2	Each	See attached Request For Quote (RFQ) for details		
Freight	2	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 FOLLOWING DATE:				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:	