



REQUEST FOR PRICES INVITATION

THIS IS NOT AN ORDER

If mailed:
P O Box 1390
Parksville, BC V9P 2H3

If delivered:
1116 Herring Gull Way
Parksville, BC

Purchasing Use Only
Opened: Date: Time:
Signed:
Witnessed:

All submissions must be received in sealed envelopes, clearly identified as to content, prior to closing date and time, at the Operations Department located at 1116 Herring Gull Way, Parksville, BC. Submissions will not be opened in public.

Date			City contact responsible for processing tender	Tender Closing Date			Time	Tender No.
YY	MM	DD	Mark Adelborg	YY	MM	DD	2PM PST	1280-20-2025PUTS
25	04	17	Roads & Fleet Supervisor	25	05	02		
Prices quoted must be FOB City of Parksville or:				Environmental Levy Yes _____ No _____		P.S.T. shown separately ____ included ____		G.S.T. shown separately ____ included ____

APPROPRIATE SPACES AS INDICATED ON THIS TENDER MUST BE COMPLETED BY ALL BIDDERS

DESCRIPTION

1	<p>FIVE (5) CURRENT MODEL/YEAR ¾ TON 2 WHEEL-DRIVE PICK UP TRUCKS AS PER THE ATTACHED REQUEST FOR PROPOSALS AND SPECIFICATIONS:</p> <p>MAKE & MODEL _____ BASE PRICE \$ _____ (include year of vehicles)</p> <p>LESS TRADE-INS NET \$ _____ PST \$ _____ GST \$ _____ ENVIRONMENTAL LEVY \$ _____</p> <p>TOTAL PRICE, ALL TAXES AND LEVIES INCLUDED \$ _____</p> <p>PLEASE COMPLETE THE SPECIFICATIONS PROMPTS AND THIS FORM TO MAKE SUBMISSION. REFER TO CONDITIONS ON INVITATION TO TENDER WHICH ARE BINDING ON BIDDER.</p>									
To the City of Parksville: We offer as above, subject to the following. We also certify that we have all the necessary government permits covering this contract.								DATE YY MM DD		
For Point: ____ as above, or:							Bidder's Reference Number			
PAYMENT TERMS	CASH DISCOUNT OF		IF PAID IN		OR NET		Cash discounts offered for payment within less than 10 days will not be a consideration in evaluation of bids.			
			DAYS		DAYS					
VALIDITY PERIOD	OUR OFFER IS OPEN FOR ACCEPTANCE ____ FOR 60 DAYS OR _____ DAYS					If accepted within this period, prices quoted are firm, and no price increase will apply.				
DELIVERY WILL BE	DATE YY MM DD		DATE YY MM			GOODS WILL BE SHIPPED FROM		SHIPPING WEIGHT		
MADE IN PARKSVILLE			DD IF ORDER IS PLACED BY							
COMPANY NAME						TELEPHONE NUMBER		FAX NUMBER		
COMPANY MAILING ADDRESS					CITY		PROVINCE		POSTAL CODE	
BIDDER'S NAME (Please print)					SIGNATURE					

ONE SIGNED COPY OF THIS FORM MUST BE RETURNED, OR TENDER WILL NOT BE ACCEPTED AND WILL BE RETURNED.