



# REQUEST FOR PRICES INVITATION

**THIS IS NOT AN ORDER**

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

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

*If delivered:*  
 1116 Herring Gull Way  
 Parksville, BC

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- 6PUTS
26	06	10	Roads & Fleet Supervisor	2026	06	30		
Prices quoted must be FOB City of Parksville or:				Environmental Levy		P.S.T.		G.S.T.
				Yes _____		shown		shown
				No _____		separately ____		separately ____
						included ____		included ____

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

## DESCRIPTION

1	<p>SIX (6) CURRENT MODEL/YEAR MID SIZED 4 WHEEL-DRIVE PICK UP TRUCKS AS PER THE ATTACHED REQUEST FOR PROPOSALS AND SPECIFICATIONS:</p> <p>MAKE &amp; MODEL _____ BASE PRICE \$ _____  <small>(include year of vehicles)</small></p> <p>LESS TRADE-INS NET \$ _____</p> <p>PST \$ _____</p> <p>GST \$ _____</p> <p>ENVIRONMENTAL LEVY \$ _____</p> <p><b>TOTAL PRICE, ALL TAXES AND LEVIES INCLUDED</b>  <b>\$ _____</b></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.**