

**2021-05 MEDICAL TRAILER
BID SHEET**

Vendor Name: _____

Vendor Address: _____

Business Telephone: _____

Email: _____

Authorized Agent: _____

Include in bid: 1 Hard Copy and 1 Thumb Drive with specs and layout

Gross Bid Price is Trailer delivered to Mobile County Health Department:

750 Congress St, Mobile, AL 36603

1 Unit Gross Purchase Price in Words: _____

1 Unit Gross Purchase Price in No.'s (\$): _____

2 Units Gross Purchase Price in Words: _____

2 Units Gross Purchase Price in No.'s (\$): _____

3 Units Gross Purchase Price in Words: _____

3 Units Gross Purchase Price in No.'s (\$): _____

1st Unit is to be delivered to Mobile County Health Department within 6 months of signed contract. Remaining units to be delivered 9 months of signed contract.

Optional Addons:

Hot Water Heater Tank in Words: _____

Hot Water Heater Tank in No.'s (\$): _____

ADA Compliant Wheelchair Lift in Words: _____

ADA Compliant Wheelchair Lift in No.'s (\$): _____

ADA Compliant Complete Trailer in Words: _____

ADA Compliant Complete Trailer in No.'s (\$): _____

If Optional Addons are ordered, will this affect delivery date? YES ___/NO ___. If yes, by how many total days? _____