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		RETURN THIS PROPOSAL TO: DOT-EMS_BID.Procurement@dot.nj.gov FAX NUMBER: N/A AGENCY PERSON TO CONTACT: Natalie Wojtera		DELIVER TO: NJ Department of Transportation Procurement Division Bureau of Equipment, Materials & Supplies 1035 Parkway Avenue Trenton, NJ 08625	
10:00 AM. October 4th, 2024 at DOT-EMS_BID.Procurement@dot.nj.gov FISCAL YEAR: 2025 ACCOUNT NUMBER:		AGENCY REFERENCE NUMBER:		COMMODITY NUMBER:	
	N/A				
ITEM DESCRIPTION	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	TOTAL AMOUNT
Deckover Trailer NJDOT Bordentown Training Facility 391 Route 130 Building 3 Bordentown, NJ 08505	1	Each	See attached Request For Quote (RFQ) for details		
Freight	1	Each			
Bidder may supply their own quote; total price for all aspects of this bid	however, the must appear				
on this PB-120 form.					
PRICES ARE FIRM UNTIL THE FOLL	OWING DATE:	.I.		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:	