



**PRICING SHEETS**

New standard equipped (MAKE & MODEL) \_\_\_\_\_  
**Light Duty Cutaway Wide Body, complete and meeting the attached Missouri  
Department of Transportation Specification MM-G.**

Questions concerning specifications should be directed to Mr. John Rice at (573) 751-7480.

**PURCHASE ORDERS MAY BE ISSUED FOR VARIOUS ORGANIZATIONS IN THE  
STATE OF MISSOURI.**

**LIST YOUR NET DELIVERED PRICE, MEETING THE ATTACHED  
SPECIFICATIONS, TO ANY DESTINATION IN THE STATE OF MISSOURI.**

**Please indicate make and model** \_\_\_\_\_

**Gas Engine**

**Floor Plan AA**      \$ \_\_\_\_\_

**Floor Plan CC**      \$ \_\_\_\_\_

**Floor Plan DD**      \$ \_\_\_\_\_

**Floor Plan FF**      \$ \_\_\_\_\_

**Floor Plan GG**      \$ \_\_\_\_\_



**Gas Engine**

**Floor Plan HH**      \$ \_\_\_\_\_

**Floor Plan II**      \$ \_\_\_\_\_

**Floor Plan JJ**      \$ \_\_\_\_\_

**Floor Plan LL**      \$ \_\_\_\_\_

**Option 1 Safety Vision SV 5000, Backing Vision BV 1350 (or approved equal) backing vision system.      Price \$ \_\_\_\_\_ Per Unit**

**Option 2 Overhead storage shelf (with netting) located above all ambulatory seating on the driver's side.      Price \$ \_\_\_\_\_ Per Unit**

Delivery will be made approximately \_\_\_\_\_ days after receipt of order.



**STATEMENT OF DELIVERY AND SERVICING DEALERS WITHIN  
THE STATE OF MISSOURI**

The bidder hereby certifies that they will provide a well-established and reputable dealer located in the State of Missouri to handle all problems, complaints and warranty issues that may arise with their vehicles.

Failure to provide a reputable dealer within Missouri will cause the bid to be considered unresponsive.

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Dealers Name

\_\_\_\_\_  
Bidder's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number



The undersigned, as bidder, understands that this project involves state funds and the bidder awarded the contract will be required to comply with Executive Order 94-03 of the Governor of the State of Missouri dated January 14, 1994. This order stipulates that there shall be no discriminatory employment practices by the contractor or his subcontractors, if any, based on race, color, religion, creed, national origin, sex or age. The undersigned contractor or his subcontractors, if any, shall give written notice of their commitments under this clause to any labor union with which they have bargaining or other agreements.

Missouri Department Of Transportation  
General Services Division  
PO Box 270  
Jefferson City, Missouri 65102

FIRM \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BY \_\_\_\_\_

Please Print Your Name



**NOTICE \* \* \* \* NOTICE \* \* \* \* NOTICE**

The department is interested in assisting other states, Missouri counties, cities, special road districts, etc. in purchasing equipment that meets Highway and Transportation Department specifications.

Each bidder is asked to indicate below whether they would be willing to offer equipment for sale to these political entities at the same bid price offered to this department.

It is understood the department will not issue purchase orders, accept delivery nor make payment for vehicles ordered by any of these agencies. It is further understood the price is based on the unit meeting the department specifications. Any added options, deletions, or extra freight costs would be negotiated between the local agency and the successful vendor.

Indicate below whether your company is willing to offer such cooperative purchasing for US governmental agencies, other states, Missouri counties, cities or other political entities.

Yes \_\_\_\_\_ No \_\_\_\_\_

If the price varies throughout the state on department bids, because of different delivery destinations please indicate the price f.o.b. your location that would be offered as described above.

\$ \_\_\_\_\_  
(Price) (Location)

Indicate the deadline date that orders will be accepted after the initial award for department purchased units.

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

(Vendor should complete the appropriate sections of this form and submit with their bid.)