

OFFER FORM

The following offer is hereby submitted to fulfill the requirements stated in this solicitation:

**Biohazard Waste Disposal Service for the STI Clinic
During the period October 12, 2026 to October 11, 2027**

Item No.	Description	Yearly Count	Unit Cost	Extended Cost
Per Unit Pick-up Charges				
1	5.0/5.4-quart sharps container	4	\$	\$
2	1-gallon sharps container	4	\$	\$
3	2-gallon sharps container	12	\$	\$
4	3-gallon sharps container	4	\$	\$
5	5-gallon solid waste bag	3	\$	\$
6	30-gallon solid waste bag	4	\$	\$
7	40-gallon solid waste bag	45	\$	\$
Replacement Bag Charges				
8	5-gallon bag	3	\$	\$
9	30-gallon bag	4	\$	\$
10	40-gallon bag	45	\$	\$
Pick-up Service Fee				
11	Fee for pick up from STI Clinic	52	\$	\$
Subtotal:				\$
Tax 4.712%:				\$
Total:				\$

Offeror: _____
Exact Legal Name of Offeror