DEPARTMENT OF PUBLIC
SAFETYPSD 22-HCD-29
Inmate Transports to Medical Appointments

The following offer is hereby submitted for PSD 22-HCD-29, Inmate Transports to Medical Appointments

Unit cost For round trip	estimated trips /week	number of weeks	Total
$_____	2	52	$_____

Offeror's State License No.: _____
Contact Person: _____
Telephone No.: _____
Name:_____
Address:_____
Telephone No.: _____
Contact Person: _____

*** NOTE: Total amount should Include all applicable fees and taxes with your proposal for the requirement outlined in the scope of services.**

Offeror: _____
Company Name