

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
**AGENCY REQUEST FOR PROPOSAL**

<b>VENDOR NAME AND ADDRESS:</b>		<b>RETURN THIS PROPOSAL TO:</b> DOT-EMS_BID.Procurement@dot.nj.gov		<b>DELIVER TO:</b> NJ Department of Transportation Bureau of Equipment, Materials & Supplies 1035 Parkway Avenue Trenton, NJ 08625	
<b>SBE CATEGORY:</b> N/A		<b>FAX NUMBER:</b> N/A			
<b>NOTE:</b> This proposal form must be received by 10:00 a.m. April 15 <sup>th</sup> , 2024 at DOT-EMS_BID.Procurement@dot.nj.gov		<b>AGENCY PERSON TO CONTACT:</b> Nikki Ghorbani			
<b>FISCAL YEAR:</b> 2024	<b>ACCOUNT NUMBER:</b> N/A	<b>AGENCY REFERENCE NUMBER:</b>		<b>COMMODITY NUMBER:</b>	
<b>ITEM DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)</b>	<b>UNIT PRICE</b>	<b>TOTAL AMOUNT</b>
<b>Bidder may supply their own quote; however, the total price for all aspects of this bid must appear on this PB-120 form.</b>					
<b>PRICES ARE FIRM UNTIL THE FOLLOWING DATE:</b>				<b>TOTAL:</b>	
<b>CASH DISCOUNT:</b>	<b>DATE OF DELIVERY:</b>	<b>VENDOR'S FEDERAL I.D. NUMBER:</b>		<b>VENDOR'S TELEPHONE NUMBER:</b>	
<b>VENDOR'S SIGNATURE (Must be Signed):</b>		<b>PRINT OR TYPE NAME BELOW:</b>		<b>DATE:</b>	