SE-331 QUOTE FORM

QUOTE SUBMITTED BY:	
(Offeror's Name)	
QUOTE SUBMITTED TO: SC Department of	of Mental Health
	(Agency's Name)
FOR: PROJECT NAME: Building 29 New Dishwasher Ventilation System PROJECT NUMBER: N/A	
<u>OFFER</u>	
agrees, if this Quote is accepted, to enter into a Contract	tes for the above-named Project, the undersigned OFFEROR proposes and with the Agency in the form included in the Solicitation Documents, and to ation Documents, for the prices and within the time frames indicated in the additions stated.
§ 2. OFFEROR acknowledges the receipt of the following Addenda into its Quote (<i>Check only boxes that apply.</i>):	denda to the Solicitation documents and has incorporated the effects of said
ADDENDA: #1	#2
	if any, may not be revoked or withdrawn after the opening of quotes, and shall wing the Quote Date, or for such longer period of time that OFFEROR may
	Work shall be established in a Notice to Proceed to be issued by the Agency. 10 Calendar Days from the Date of Commencement, subject to
	the Agency shall retain as Liquidated Damages the amount of \$\bigs_200.00\) to achieve Substantial Completion exceeds the specified or adjusted Contract act Documents.
	or, materials, equipment, tools of trades and labor, accessories, appliances, mits, licenses and applicable taxes necessary to complete the following items
§ 6.1 BASE QUOTE \$	
(enter BASE QUOTE in figures only)	
§ 6.1.1 ALTERNATE NO. 1 \$	to be ADDED / DEDUCTED from BASE QUOTE. (circle one)
§ 6.1.2 ALTERNATE NO. 2 \$	to be ADDED / DEDUCTED from BASE QUOTE. (circle one)
SC Contractor's License Number:	This Quote is hereby submitted on behalf of the Offeror named above.
Classification(s) & Limits:	
Address:	BY:(Signature of Offeror's Representative)
Telephone:	(Print or Type Name of Offeror's Representative) TITLE:
E-mail:	DATE: