

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
SOLICITATION BRIEF

ITB / ITN / RFP # : _____

Purchasing Manager: _____

Description: _____

Commodity Code: _____ Number of Addenda as of Award Date: _____

Due Date & Time: _____ Award Date: _____

Contract Manager: _____
Name Phone

Original Term: _____ Renewal Term: _____

Proposal Bond: Required / Amount \$ _____ Not Required Returned

Performance Bond: Required / Amount \$ _____ Not Required

CONTRACTOR INFORMATION

Name: _____

Address: _____

Phone #: _____ Email: _____

Contract Manager / Contact: _____

Notes: _____

