|  |  |  |
| --- | --- | --- |
| State of WisconsinDepartment of AdministrationDivision of Enterprise OperationsBureau of Procurements. 16.765, Wis. Stats.DOA-3477 (R02/15) | Bid / Proposal # | ETG0004/ETG0006 |
|  |  |
| Commodity / Service |       |

Vendor Information

|  |  |  |
| --- | --- | --- |
| 1. | BIDDING / PROPOSING COMPANY NAME  |       |
|  | Phone | (   )       | Toll Free Phone | (   )       |
|  | FAX | (   )       | E-Mail Address |       |
|  | Address |       |
|  | City |       | State |    | Zip + 4 |       |
|  |  |
| 2. | Name the person to contact for questions concerning this bid / proposal. |
|  | Name |       | Title |       |
|  | Phone | (   )       | Toll Free Phone | (   )       |
|  | FAX | (   )       | E-Mail Address |       |
|  | Address |       |
|  | City |       | State |    | Zip + 4 |       |
|  |  |
| 3. | Any vendor awarded over $50,000 on this contract must submit affirmative action information to the department. Please name the Personnel / Human Resource and Development or other person responsible for affirmative action in the company to contact about this plan. |
|  | Name |       | Title |       |
|  | Phone | (   )       | Toll Free Phone | (   )       |
|  | FAX | (   )       | E-Mail Address |       |
|  | Address |       |
|  | City |       | State |    | Zip + 4 |       |
|  |  |
| 4. | Mailing address to which state purchase orders are mailed and person the department may contact concerning orders and billings. |
|  | Name |       | Title |       |
|  | Phone | (   )       | Toll Free Phone | (   )       |
|  | FAX | (   )       | E-Mail Address |       |
|  | Address |       |
|  | City |       | State |    | Zip + 4 |       |
|  |  |
| 5. | CEO / President Name |       |

This document can be made available in alternate formats to individuals with disabilities upon request.