

REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

RFQ-10-21

Please return quote to:
City of Winter Haven
Procurement Service Division
P.O. Box 2277
Winter Haven, FL 33883-2277

For additional information and clarification contact:

*** Department Name:** Willowbrook Golf Course

***Contact Person:** Kris Neal / Dave Hicks

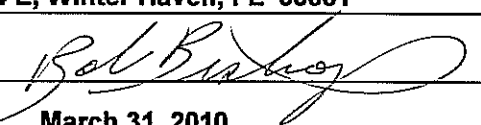
***Telephone #:** 863-291-5898

DATE ISSUED: 11/13/2009

Please quote on the following items:

Item*	Quantity*	Description* No Substitutions	Unit Cost	Total Cost
		15-2-15 Fertilizer		
		Total Nitrogen - 15.0000%		
		7.5000% Ammoniacal Nitrogen		
		7.5000% Urea Nitrogen		
		Available Phosphate 2.0000%		
		Soluble Potash 15.0000%		
		Derived from: Ammoniated Phosphate, Muriate of Potash		
		Polymer Coated Muriate of Potash, Polymer coated		
		Sulphur coated Urea, Sulfate o Ammonia		
A	6.5 tons	in bulk (delivered) of 15-2-15 with out Ronstar	\$ _____	\$ _____
B	6.5 tons	in bulk (delivered) of 15-2-15 with 0.67% Ronstar	\$ _____	\$ _____
		Active Ingredients Oxadiazon[2-tert-butyl-r-(2,4-dichloro-5-isopropoxyphenyl)2-1,3,4-oxadiazolin-5-one] .67000%		
		Inert 99.33000% E.P.A. Est. 100%		
		Total, Items A-B:		\$ _____
		Prices must include delivery to Willowbrook G.C.		
		4200 State Rd 544 E, Winter Haven, FL 33881		

Prices must be valid for 90 days.

Procurement Services Division Director: 

DELIVERY WANTED:

March 31, 2010

We offer to sell you as above F.O.B., Winter Haven, Florida. Delivery can be made in _____ days from receipt of order.

Date: _____ Return this quotation **NOT LATER THAN 2:00 P.M., March 24, 2010**

TO: Procurement Services Division, address above or FAX TO 863-291-5666

SIGNATURE: _____

NAME PRINTED: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

W-9 MUST BE ATTACHED TO THE RFQ WHEN RETURNED BY THE RESPONDING VENDOR.

****PAYMENT WILL BE RENDERED TO THE NAME AND ID APPEARING ON THE W-9.**