

ALL AREAS MUST BE FILLED IN

ITB-RQ TABULATION FORM

FOR PURCHASES NOT TO EXCEED \$40,000 TOTAL

THIS IS NOT AN ORDER

Requisition Number: _____ Date: 4/24/2014 Purchase Order No. _____

Verbal Quotes >\$2,500 and <\$5,000 Written Quotes >\$5,000 and <\$40,000 Formal Procurement >\$40,000
 One Time Purchase OR Requirements Contract (Term Agreement) Begin Date 7/1/2014 End Date 6/30/2015

INSURANCE REQUIREMENTS: Required Not Required Insurance Certificate Forward to Risk Management Date: _____

Workers' Compensation Liability: \$1,000,000
 Contractor's Pollution Liability: \$1,000,000 Insurance each claim, incident, or occurrence, with an annual aggregate limit of \$1,000,000
 Commercial Automotive Liability: \$1,000,000 \$2,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$1,000,000
 Commercial General Liability: \$1,000,000 \$2,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$1,000,000
 Professional Liability: \$1,000,000 \$2,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000
 Payment Bond and Amount: _____ Payment Bond and Amount: _____

Bid/Quote Title: Wastewater Bulk Sodium Hypochlorite 12.5% Bid/Quote Number: WW14-03 Bid/Quote Due Date: 4/23/2014

AWARDED CONTRACT TO:	<input checked="" type="checkbox"/> Vendor #1	<input type="checkbox"/> Vendor #2	<input type="checkbox"/> Vendor #3	<input type="checkbox"/> Vendor #4	<input type="checkbox"/> Vendor #5	<input type="checkbox"/> Vendor #6	<input type="checkbox"/> Vendor #7	<input type="checkbox"/> Vendor #8	<input type="checkbox"/> Vendor #9
Vendor #1	Thatcher Company of Arizona	Vendor #2	DPC Enterprises, L.P.	Vendor #3	Hill Brothers Chemical	Vendor #4	Hill Brothers Chemical	Vendor #5	Vendor #6
Address	6321 S Rainbow Road Buckeye, AZ 85326	Address	4909 W Pasadena Avenue Glendale, AZ 85301	Address	21639 N 12th Avenue Phoenix, AZ 85027	Address	21639 N 12th Avenue Phoenix, AZ 85027	Address	Vendor #6
Phone No.	928-691-6499	Phone No.	623-930-8015	Phone No.	623-879-9210	Phone No.	623-879-9210	Phone No.	Vendor #6
Fax No.	928-691-6502	Fax No.	623-934-9983	Fax No.	623-879-7390	Fax No.	623-879-7390	Fax No.	Vendor #6
Contact	Kyle Peterson	Contact	Chris Haupt	Contact	Rusty Mosher	Contact	Rusty Mosher	Contact	Vendor #6
Date Contacted	3/24/2014	Date Contacted	3/24/2014	Date Contacted	3/24/2014	Date Contacted	3/24/2014	Date Contacted	Vendor #6
LHC FOB:	Destination	LHC FOB:	Destination	LHC FOB:	Destination	LHC FOB:	Destination	LHC FOB:	Vendor #6
Terms:		Terms:		Terms:		Terms:		Terms:	Vendor #6
How Contacted	Fax <input type="checkbox"/> Mail <input type="checkbox"/> Ph <input type="checkbox"/> email <input checked="" type="checkbox"/>	How Contacted	Fax <input type="checkbox"/> Mail <input type="checkbox"/> Ph <input type="checkbox"/> email <input checked="" type="checkbox"/>	How Contacted	Fax <input type="checkbox"/> Mail <input type="checkbox"/> Ph <input type="checkbox"/> email <input checked="" type="checkbox"/>	How Contacted	Fax <input type="checkbox"/> Mail <input type="checkbox"/> Ph <input type="checkbox"/> email <input checked="" type="checkbox"/>	How Contacted	Fax <input type="checkbox"/> Mail <input type="checkbox"/> Ph <input type="checkbox"/> email <input checked="" type="checkbox"/>
Call Returned	Yes <input type="checkbox"/> No <input type="checkbox"/>	Call Returned	Yes <input type="checkbox"/> No <input type="checkbox"/>	Call Returned	Yes <input type="checkbox"/> No <input type="checkbox"/>	Call Returned	Yes <input type="checkbox"/> No <input type="checkbox"/>	Call Returned	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bid Received	X Yes <input type="checkbox"/> No <input type="checkbox"/>	Bid Received	X Yes <input type="checkbox"/> No <input type="checkbox"/>	Bid Received	X Yes <input type="checkbox"/> No <input type="checkbox"/>	Bid Received	X Yes <input type="checkbox"/> No <input type="checkbox"/>	Bid Received	X Yes <input type="checkbox"/> No <input type="checkbox"/>
Declined to Bid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Declined to Bid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Declined to Bid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Declined to Bid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Declined to Bid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contractor Lic #		Contractor Lic #		Contractor Lic #		Contractor Lic #		Contractor Lic #	
Comments:	Checked fuel surcharge 4/23/14 \$3.48 gal	Comments:	No fuel surcharge						

Comments/Specifications: _____

Dept/Division/Section: OPS/Wastewater Prepared By: *Sharon* Phone No.: 928-855-3999 Date: 4/24/2014

ATTACH VENDOR QUOTES THAT ARE GREATER THAN \$2,500 AND LESS THAN OR EQUAL TO \$40,000. REQUISITION MUST MATCH ITB - RQ TABULATION FORM. KEEP ORIGINAL PROCUREMENT DOCUMENTS ON FILE FOR SIX (6) YEARS PAST EXPIRATION OR COMPLETION OF CONTRACT, WHICHEVER IS LONGER. IF PROCUREMENT IS OVER \$40,000, PROCUREMENT MUST GO BEFORE CITY COUNCIL FOR APPROVAL.

ALL AREAS MUST BE FILLED IN

ITB-RQ TABULATION FORM
FOR PURCHASES NOT TO EXCEED \$40,000 TOTAL

THIS IS NOT AN ORDER

#	ITEM	CATEGORY	DESCRIPTION	QTY	U/M	VENDOR 1 UNIT PRICE	VENDOR 1 TOTAL PRICE	VENDOR 2 UNIT PRICE	VENDOR 2 TOTAL PRICE	VENDOR 3 UNIT PRICE	VENDOR 3 TOTAL PRICE
1			12.5% Bulk Sodium Hypochlorite(Liquid Bleach) delivered per specifications	75,000	Gal	\$ 1.04	78,000.00	\$ 1.07	80,250.00	\$ 1.10	82,500.00
2							-		-		-
3							-		-		-
4							-		-		-
5							-		-		-
6							-		-		-
7							-		-		-
8							-		-		-
9							-		-		-
10							-		-		-
11							-		-		-
12							-		-		-
13							-		-		-
14							-		-		-
15							-		-		-
GRAND TOTAL:							\$ 78,000.00		\$ 80,250.00		\$ 82,500.00

ATTACH VENDOR QUOTES THAT ARE GREATER THAN \$2,500 AND LESS THAN OR EQUAL TO \$40,000. REQUISITION MUST MATCH ITB - RQ TABULATION FORM. KEEP ORIGINAL PROCUREMENT DOCUMENTS ON FILE FOR SIX (6) YEARS PAST EXPIRATION OR COMPLETION OF CONTRACT, WHICHEVER IS LONGER
IF PROCUREMENT IS OVER \$40,000, PROCUREMENT MUST GO BEFORE CITY COUNCIL FOR APPROVAL.

ALL AREAS MUST BE FILLED IN

ITB-RQ TABULATION FORM

FOR PURCHASES NOT TO EXCEED \$40,000 TOTAL

THIS IS NOT AN ORDER

Requisition Number: _____ Date: 4/24/2014 Purchase Order No. _____

Verbal Quotes >\$2,500 and <\$5,000 Written Quotes >\$5,000 and <\$40,000 Formal Procurement >\$40,000
 One Time Purchase OR Requirements Contract (Term Agreement) Begin Date _____ End Date _____
 INSURANCE REQUIREMENTS: Required Not Required Insurance Certificate Forward to Risk Management Date: _____

Workers' Compensation Liability: \$1,000,000
 Contractor's Pollution Liability: \$1,000,000 Insurance each claim, incident, or occurrence, with an annual aggregate limit of \$1,000,000
 Commercial Automotive Liability: \$1,000,000 \$2,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$1,000,000
 Commercial General Liability: \$1,000,000 \$2,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$1,000,000
 Professional Liability: \$1,000,000 \$2,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000
 Payment Bond and Amount: _____ Payment Bond and Amount: _____

Bid/Quote Title: Wastewater Bulk Sodium Hypochlorite 12.5% Bid/Quote Number: WW14-03 Bid/Quote Due Date: 4/23/2014

AWARDED CONTRACT TO:	<input checked="" type="checkbox"/> Vendor #1	<input type="checkbox"/> Vendor #2	<input type="checkbox"/> Vendor #3	<input type="checkbox"/> Vendor #4	<input type="checkbox"/> Vendor #5	<input type="checkbox"/> Vendor #6	<input type="checkbox"/> Vendor #7	<input type="checkbox"/> Vendor #8	<input type="checkbox"/> Vendor #9
Vendor #4	Univar								
Address	8201 S 212th Street Kent, WA 98032	Vendor #5 Address		Vendor #6 Address		Vendor #7 Address		Vendor #8 Address	Vendor #9 Address
Phone No.	602-272-3272	Phone No.		Phone No.		Phone No.		Phone No.	Phone No.
Fax No.		Fax No.		Fax No.		Fax No.		Fax No.	Fax No.
Contact	muniteam@univarsa.com	Contact		Contact		Contact		Contact	Contact
Date Contacted	3/24/2014	Date Contacted		Date Contacted		Date Contacted		Date Contacted	Date Contacted
LHC FOB:	Destination	LHC FOB:		LHC FOB:		LHC FOB:		LHC FOB:	LHC FOB:
Terms:		Terms:		Terms:		Terms:		Terms:	Terms:
How Contacted	Fax <input type="checkbox"/> Mail <input type="checkbox"/> Ph <input checked="" type="checkbox"/> email	How Contacted		How Contacted		How Contacted		How Contacted	How Contacted
Call Returned	Yes <input type="checkbox"/> No <input type="checkbox"/>	Call Returned		Call Returned		Call Returned		Call Returned	Call Returned
Bid Received	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Bid Received		Bid Received		Bid Received		Bid Received	Bid Received
Declined to Bid	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Declined to Bid		Declined to Bid		Declined to Bid		Declined to Bid	Declined to Bid
Contractor Lic #		Contractor Lic #		Contractor Lic #		Contractor Lic #		Contractor Lic #	Contractor Lic #
Comments:	Only delivers packaged chemicals	Comments:		Comments:		Comments:		Comments:	Comments:

Comments/Specifications: _____

Dept/Division/Section: OPS/Wastewater Prepared By: [Signature] Phone No.: 928-855-3999 Date: 4/24/2014

ATTACH VENDOR QUOTES THAT ARE GREATER THAN \$2,500 AND LESS THAN OR EQUAL TO \$40,000. REQUISITION MUST MATCH ITB - RQ TABULATION FORM. KEEP ORIGINAL.

PROCUREMENT DOCUMENTS ON FILE FOR SIX (6) YEARS PAST EXPIRATION OR COMPLETION OF CONTRACT, WHICHEVER IS L

IF PROCUREMENT IS OVER \$40,000, PROCUREMENT MUST GO BEFORE CITY COUNCIL FOR APPROVAL.

ALL AREAS MUST BE FILLED IN

ITB-RQ TABULATION FORM
FOR PURCHASES NOT TO EXCEED \$40,000 TOTAL

THIS IS NOT AN ORDER

#	ITEM	CATEGORY	DESCRIPTION	QTY	U/M	VENDOR 4 UNIT PRICE	VENDOR 4 TOTAL PRICE	VENDOR 5 UNIT PRICE	VENDOR 5 TOTAL PRICE	VENDOR 6 UNIT PRICE	VENDOR 6 TOTAL PRICE
1	0		12.5% Bulk Sodium Hypochlorite(Liquid Bleach) delivered per specifications	75000	Gal	No	#VALUE!				
2							-				-
3							-				-
4							-				-
5							-				-
6							-				-
7							-				-
8							-				-
9							-				-
10							-				-
11							-				-
12							-				-
13							-				-
14							-				-
15							-				-
GRAND TOTAL:							#VALUE!				
							\$	-			

no bid

ATTACH VENDOR QUOTES THAT ARE GREATER THAN \$2,500 AND LESS THAN OR EQUAL TO \$40,000. REQUISITION MUST MATCH ITB - RQ TABULATION FORM. KEEP ORIGINAL PROCUREMENT DOCUMENTS ON FILE FOR SIX (6) YEARS PAST EXPIRATION OR COMPLETION OF CONTRACT, WHICHEVER IS LATER. IF PROCUREMENT IS OVER \$40,000, PROCUREMENT MUST GO BEFORE CITY COUNCIL FOR APPROVAL.

