



ILLINOIS

JOINT PURCHASING REQUISITION CY' 18-'19 New Purchase Commitment

PLEASE RETURN TO:
Illinois Department of
Central Management Services
801 Wm. G. Stratton Building
401 S. Spring Street
Springfield, IL 62706

Email Address for submission:
CMS.BOSS.EC@illinois.gov

_____ **No Thank You,**
But keep on mailing list.

Opt-Out-> Our unit does not want to participate in the CY' 2018-2019 Contract Procurement.
Notice:-> Please complete and return the Contact information below to remain on the mailing list.

Joint Purchasing #: _____

Government Unit: _____

Mailing Address: _____

City / State / Zip: _____

County: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Contact Email: _____

Date: _____ / _____ / **2018**

Delivery Point
(Provide Delivery Details To Contract) (Vendor At Time Of Order Placement)
<- Please provide Email Address

***** Participant, Complete Only One - Either "Table-A" or "Table-B" Below *****

Table A: Complete this table to have the State "SOLICIT BIDS" for your governmental entity		
ITEM DESCRIPTION	BID QUANTITY	UNIT MEASURE
<u>AASHTO M143 Road Salt or Equivalent</u>	(Total Tonnage)	(22 – 25 Ton / Truck)
Rock Salt, Bulk	_____	T o n s
Please note your Purchase Commitment Percentage for Total Tonnage Quantity as stated above (choose one):		
OPTION 1 _____ 80.% minimum purchase requirement/120% maximum purchase requirement		
OPTION 2 _____ 100% minimum purchase requirement/120% maximum purchase requirement		

***** Participant, Complete Only One - Either "Table-A" Above or "Table-B" Below *****

Table B: Complete this table to have the State "RENEW" Requirements for your governmental entity		
ITEM DESCRIPTION	QUANTITY	UNIT MEASURE
<u>AASHTO M143 Road Salt or Equivalent</u>	(Total Tonnage)	(22 – 25 Ton / Truck)
Rock Salt, Bulk	_____	T o n s
Note: Renewal is available ONLY under Contracts PSD 4018455, 4018456, and 4018457 for prior CY' 2017-2018.		
Your quantity may not exceed more than a 20% increase of last season's quantity, and price cannot increase more than 10.% of last season's price. Other Terms & Conditions of Contract will remain the same as last year. Please Check Contract # Below:		
Note Your Current CMS Contract: PSD 4018455 () -or- PSD 4018456 () -or- PSD 4018457 ()		

I certify that funds are available for the purchase of the items on this Requisition and that such items are for the sole use of this governmental unit, and not for personal use of any official or individual or re-sale.

In addition, I agree to abide by the Joint Purchasing Procedure established by the Department of Central Management Services.

SIGNATURE OF AUTHORIZED OFFICIAL OR AGENT

TITLE

Printed on Recycled Paper