

BID TABULATION

PO/Contract No: 18-114

30-Mar-18

Description: Medical Equipment and Supplies

Bidder Name & Address	Bid Amount	Comments
NO BIDS RECEIVED		Contact: Fax:
		Contact: Fax:
		Contact: Fax:
		Contact: Fax:
		Contact: Fax:
<b>Notes:</b>		

I do hereby certify that the above information is true and accurate.

By: Drenda Burgardner  
Name-File/Title

Date: 3/30/18