

Buyer

UNIVERSITY OF CONNECTICUT HEALTH CENTER
Procurement Operations & Contracts
263 Farmington Avenue, MC4036
Farmington, CT 06032-4036

Telephone Number

E-mail Address

Fax Number

ITB NUMBER:	BID DUE DATE:	BID DUE TIME:	ITB SURETY:
		EST	
ITB TITLE:			

ADDENDUM NUMBER: _____

DATE ADDENDUM ISSUED: _____

FOR: The University of Connecticut Health Center

NOTE:

This Addendum must be Signed & Returned with your bid.

Authorized Signature of Bidder

_____ *Company Name*

Approved By: _____

[_____]

Buyer

(Original Signature on Document in Procurement Files)