

Buyer

UNIVERSITY OF CONNECTICUT HEALTH CENTER

Telephone Number

Procurement Operations & Contracts

E-mail Address

263 Farmington Avenue, MC4036

Farmington, CT 06032-4036

Fax Number

RFP NUMBER:	PROPOSAL DUE DATE:	PROPOSAL DUE TIME:	RFP SURETY:
		EST	
RFP TITLE:			

ADDENDUM NUMBER: _____

DATE ADDENDUM ISSUED: _____

FOR: The University of Connecticut Health Center

NOTE:

This Addendum must be Signed & Returned with your proposal.

Authorized Signature of Proposer

Company Name

Approved By: _____
[_____]

Buyer

(Original Signature on Document in Procurement Files)