

Buyer

Telephone Number

E-mail Address

Fax Number

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

<b>ITB NUMBER:</b>	<b>BID DUE DATE:</b>	<b>BID DUE TIME:</b>	<b>ITB SURETY:</b>
		EST	
<b>ITB TITLE:</b>			

**ADDENDUM NUMBER:** \_\_\_\_\_

**DATE ADDENDUM ISSUED:** \_\_\_\_\_

**FOR:** The University of Connecticut Health Center

**NOTE:**

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**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)*