

ADDENDUM UCHC ITB-10 Form

Rev. 2/15

Buyer

UNIVERSITY OF CONNECTICUT HEALTH CENTER

Procurement Operations & Contracts 263 Farmington Avenue, MC4036 Farmington, CT 06032-4036

E-mail Address

Telephone Number

Fax Number

ITB NUMBER:	BID	DUE DATE:	BID DUE TIME:	ITB SURETY:
			EST	
ITB TITLE:				
ADDENDUM NUI	MDED.			
ADDENDUM NUI	VIDEK:			
DATE ADDENDUM IS	SUED:			
FOR:		The University of C	Connecticut Health Center	
	NOTE:			
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This Addendum must be Signed & Returned with your bid.				
Authorized Signature of Bidder			Company Name	
			1 ,	
		Appro	oved By:	1
			[] Buyer

(Original Signature on Document in Procurement Files)