

ATTACHMENT D

BID FORM

JANITORIAL AND SKYCAP SERVICE BID

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

Name

E-Mail

<u>CONTRACT YEAR:</u>	<u>LUMP SUM PRICE</u>	<u>AMOUNT ALLOCATED TO SUPPLIES*</u>
2018-2019	_____	_____
2019-2020	_____	_____
2020-2021	_____	_____
2021-2022	_____	_____
2022-2023	_____	_____

PRICE PER HOUR FOR LABOR (Special Services): _____

*Per Section II, Item 3 b, attach specific brands of hand soap, toilet paper, paper towels, etc. on separate sheet.

Signature

Date

Title: _____