



Office of Statewide Pretrial Services
 850 East Madison Street, 3rd Floor #329
 Springfield, IL 62702

ATTACHMENT A: BID FORM

Vendor Name (Official name and DBA)	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
Email Address	
Billing address (if different)	
I agree that I am authorized to bind the vendor contractually, and the quotes provided will remain in full force and effect for 90 days beyond the deadline for submittal and the offer may be accepted by OSPS at any time during those 90 days.	
Name	Signature

Primary Contact Person

Check if same as above

Name	
Job Title	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
Email	

Secondary Contact Person



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Check if not applicable

Name	
Job Title	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
Email	