

Greenwood School District 50 is requesting quotes for One hundred (100) cases of **Medium Nitrile Gloves**, one hundred (100) cases **of Large Nitrile Gloves**, and (100) cases of **Extra-Large Gloves**

Submit offer by: Quotes should be submitted to - Greenwood School District 50, Shealyn Barnes, Director of Purchasing, by <u>2:00PM on Tuesday, December 4, 2023</u> via email to <u>bids@gwd50.org</u> or faxed to 864-941-5793.

Direct Inquiries to: Shealyn Barnes, Director of Purchasing, in writing via email – <u>barness@gwd50.org</u>

Specifications:

The purpose of this Request for Quotes is to establish a single source of supply for the purchase of One hundred (100) cases of **Medium Nitrile Gloves**, one hundred (100) cases of **Large Nitrile Gloves**, and (100) cases of **Extra-Large Gloves**

- Medium Nitrile Gloves
 - Latex-free
 - Powder-free
 - Color: Black
 - .6 mil
 - Examination Grade
- Large Nitrile Gloves
 - Latex-free
 - Powder-free
 - Color: Black
 - .6 mil
 - Examination Grade
- Extra-Large Nitrile Gloves
 - Latex-free
 - Powder-free
 - Color: Black
 - .6 mil
 - Examination Grade

DELIVERY TO: Greenwood School District 50, 1855 Calhoun Rd. Greenwood, SC 29649

DELIVERY MUST BE WITHIN 3 MONTHS AFTER RECEIPT OF ORDER. Terms and Conditions:

Pricing shall be valid for 30 days.

Shipping & Handling must be included in the price.

Note: Office will be closed December 22, 2023 to January 8, 2024 and will not accept any deliveries during that time.

Vendor shall not ship any products prior to the receipt of a purchase order from the Greenwood School District 50. The using governmental unit shall order any supplies or services to be furnished under this contract by issuing a purchase order.

Vendor shall not outsource to another vendor without written permission from Greenwood School District 50

AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

Bids from Minority and Women owned Business Enterprises are strongly encouraged.

Price for Medium Nitrile Gloves

\$_____

Price for Large Gloves

\$_____

Price for Extra-Large Gloves

\$_____

Total Price

\$_____

Note: Please provide the Brand and Item Number for each size Gloves.

Exceptions:

Vendor Name:	
Vendor Address:	
City/State/Zip:	
Website:	
Phone:	
Contact Person:	
E-Mail:	